National Listing of Providers Furnishing Kidney Dialysis and Transplant Services

January 1986

Health Care Financing Administration

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The *National Listing of Providers Furnishing Kidney Dialysis and Transplant Services* provides renal beneficiaries with a list of Medicare-approved providers who furnish kidney dialysis and transplant services. By including information on both the location of the providers and on the range of renal services available at those providers, this publication allows beneficiaries and those responsible for their care an improved opportunity to make treatment decisions and referrals.

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National Listing of Providers Furnishing Kidney Dialysis and Transplant Services

January 1986

U.S. Department of Health and Human Services
Health Care Financing Administration
Bureau of Data Management and Strategy
Baltimore, Maryland
January 1986

HCFA Pub. No. 03218

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National Listing of Renal Providers by State

Alaska	24	Iowa	83	Mississippi	126	Puerto Rico	173
Alabama	25	Idaho	85	Montana	129	Rhode Island	175
Arkansas	29	Illinois	86	North Carolina	130	South Carolina	176
American Somoa	32	Indiana	94	North Dakota	133	South Dakota	179
Arizona	33	Kansas	96	Nebraska	134	Tennessee	180
California	36	Kentucky	97	New Hampshire	135	Texas	185
Colorado	57	Louisiana	99	New Jersey	136	Utah	195
Connecticut	59	Massachusetts	105	New Mexico	139	Virginia	197
District of Columbia	61	Mariana Islands	108	Nevada	141	Virgin Islands	203
Delaware	63	Maryland	109	New York	142	Vermont	204
Florida	64	Maine	113	Ohio	154	Washington	205
Georgia	75	Michigan	114	Oklahoma	159	Wisconsin	207
Guam	81	Minnesota	119	Oregon	162	West Virginia	210
Hawaii	82	Missouri	121	Pennsylvania	163	Wyoming	212

ACKNOWLEDGMENTS

We wish to thank those Health Care Financing Administration Regional Offices who have sent corrections to this publication throughout the year. We also extend our appreciation to the following employees of the End-Stage Renal Disease Systems Branch, Division of Information Analysis, Office of Statistics and Data Management, Bureau of Data Management and Strategy for their effort in making this publication possible: Ida Sarsitis, William Shively and Edward Weakland.

Medicare Renal Provider Statistics, By Calendar Years: 1973-85

Calendar Year	Total Providers	Total Hosp-Based Providers	Hospital Dialysis Providers	Independent Providers	Transplant Providers	For-Profit Providers	Approved Outpatient Stations
07/73	606	538	--	68	167	--	--
12/74	684	544	--	140	--	--	--
12/75	779	--	--	157	--	--	--
12/76	840	650	--	190	163	--	7,093
12/77	860	610	--	250	141	--	8,754
12/78	909	634	623	275	149	--	10,266
12/79	975	646	630	329	153	--	10,862
12/80	1,054	649	636	405	151	343	12,329
12/81	1,162	676	657	486	157	408	13,784
12/82	1,218	690	642	528	159	437	14,438
12/83	1,309	682	620	627	159	504	15,506
12/84	1,368	700	622	668	170	544	16,594
12/85	1,463	715	632	748	178	616	17,845

NOTE: Columns do not equal to total. Blanks indicate data not available.

FIGURE 1 – TOTAL GROWTH RATE

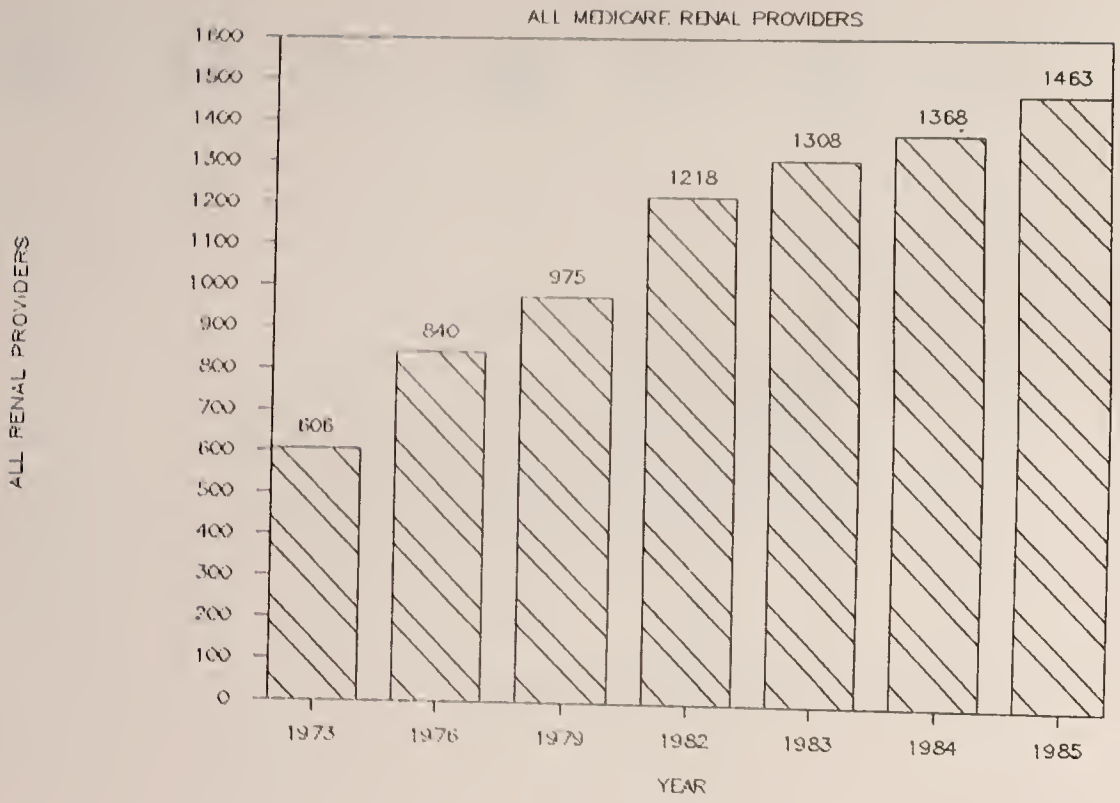


FIGURE 2 – DIALYSIS GROWTH RATE

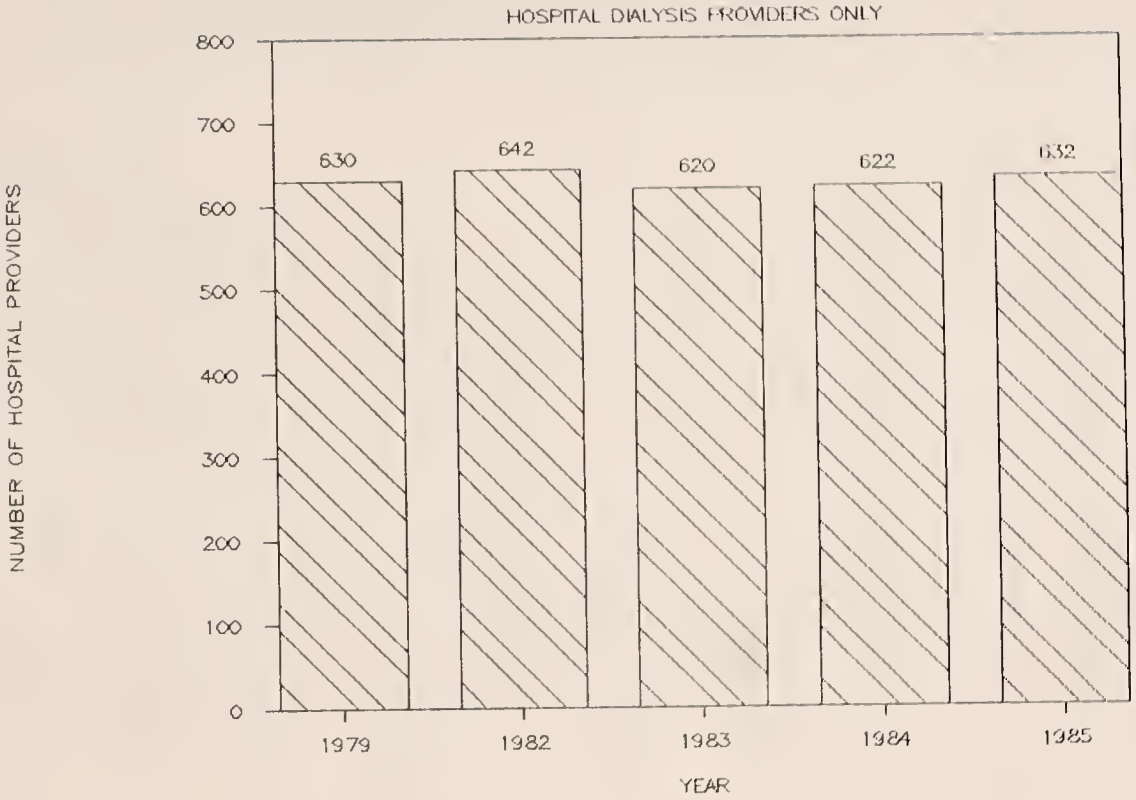


FIGURE 3 – INDEPENDENT GROWTH RATE

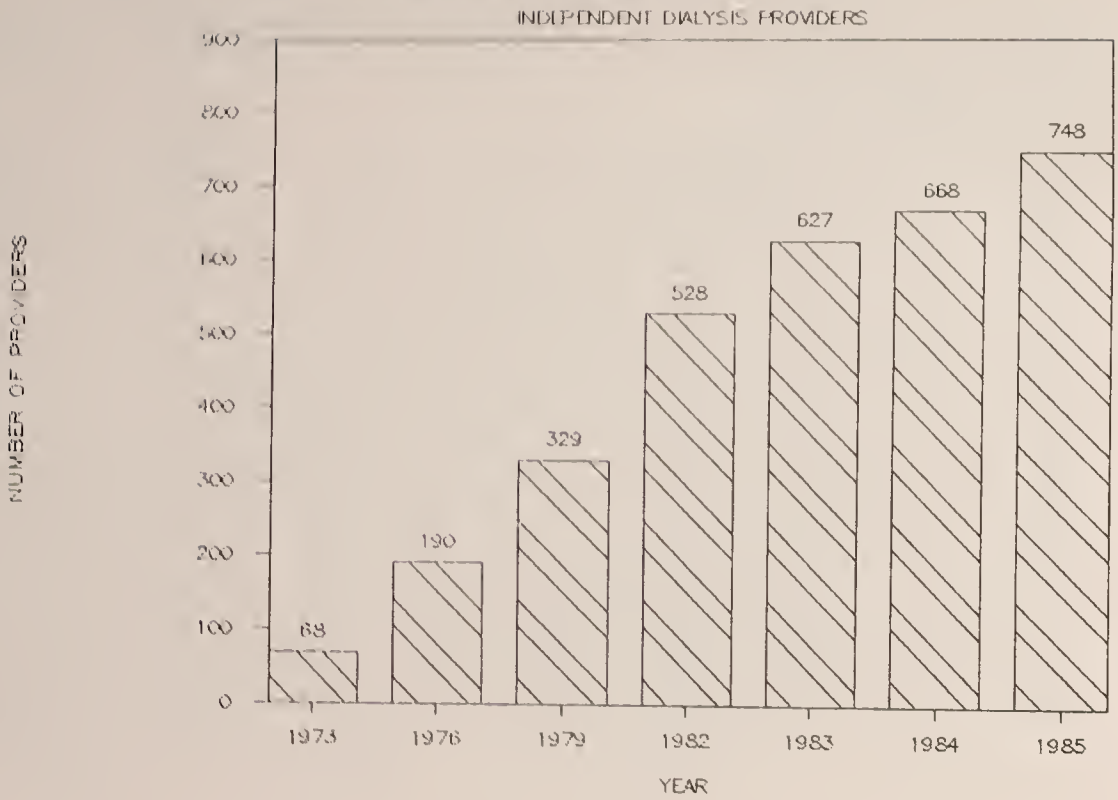


FIGURE 4 – DIALYSIS GROWTH RATE

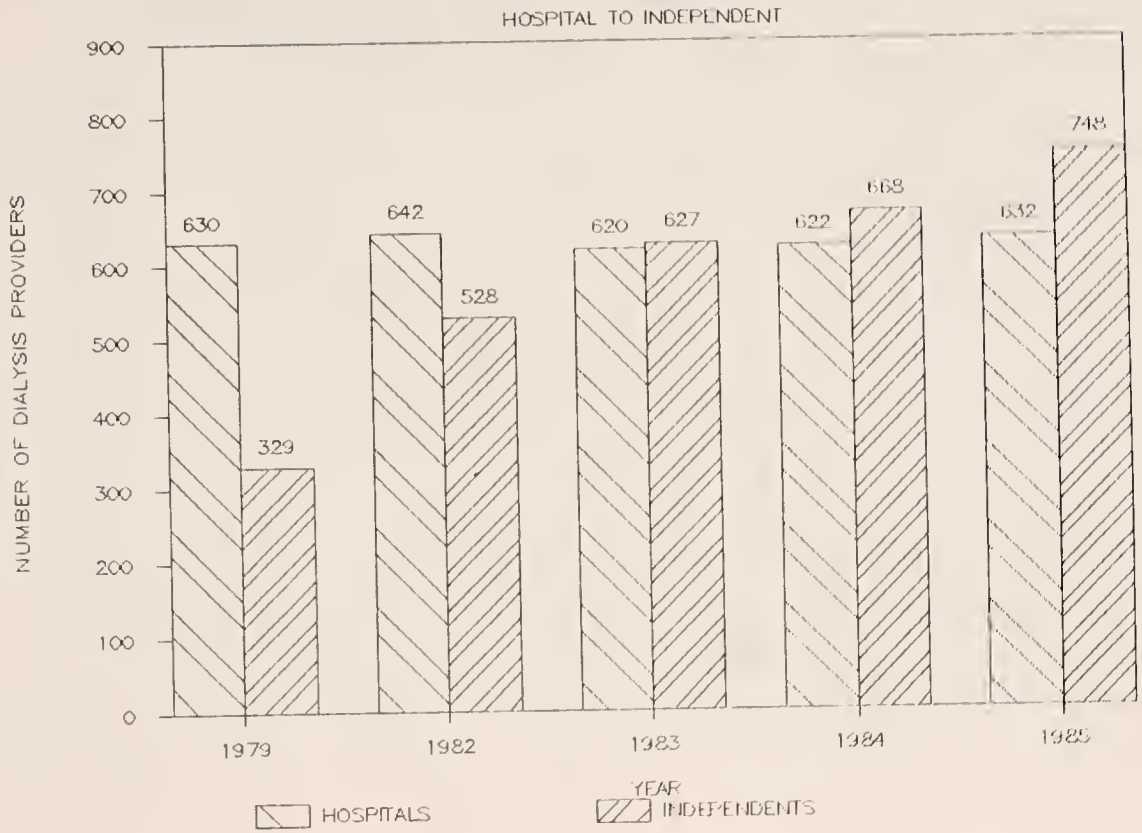


FIGURE 5 — TRANSPLANT CENTER GROWTH

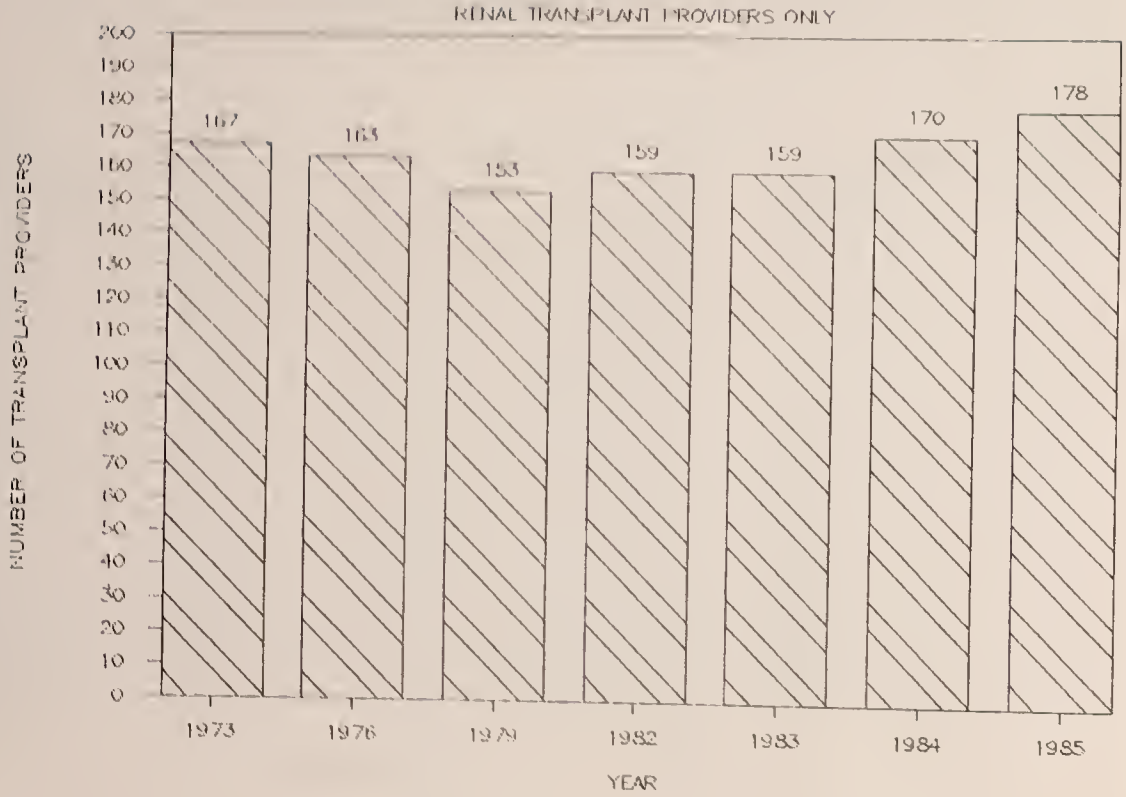
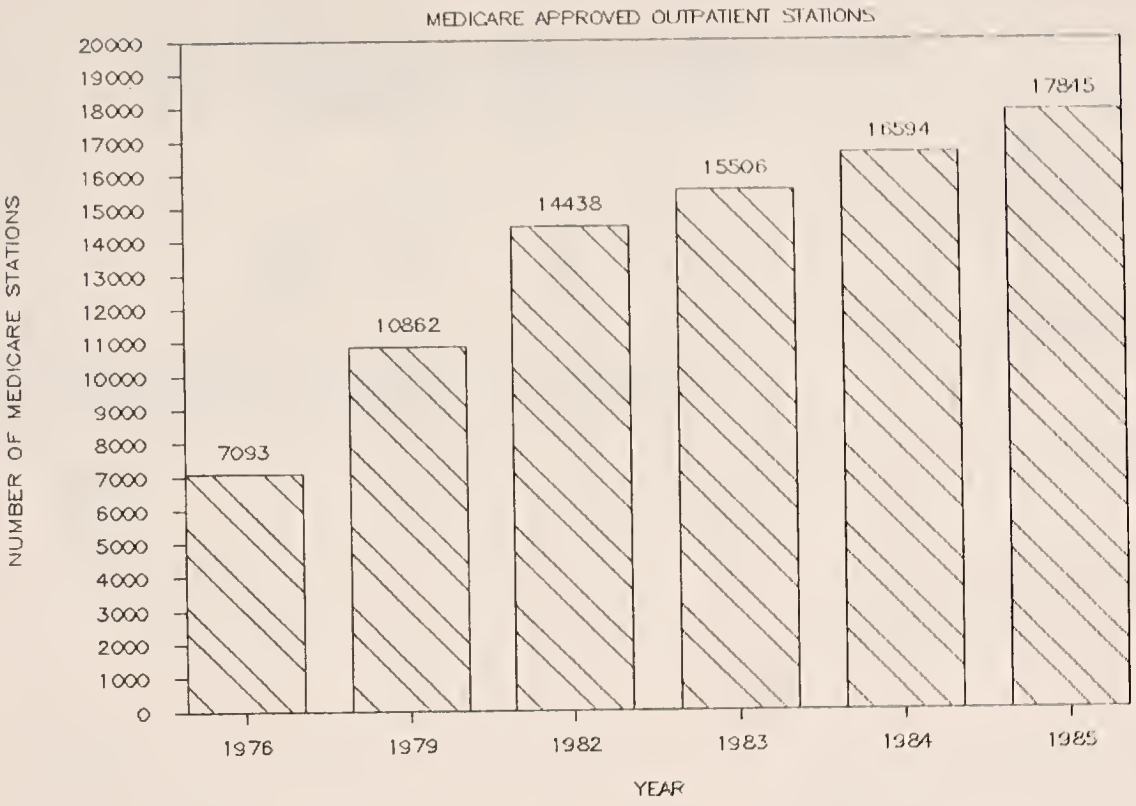


FIGURE 6 – DIALYSIS STATIONS GROWTH



HEALTH CARE FINANCING ADMINISTRATION

REGIONAL OFFICE BOUNDARIES

TABLE 1
NUMBER OF ESRD PROVIDERS BY TYPE OF SERVICE AND REGION

REGION	TOTAL	TRANSPLANT	DIALYSIS	HOSPITAL 1	INDEPENDENT 1	INPATIENT CARE	STATIONS
TOTAL	1463	178	1380	632	748	52	17045
BOSTON	68	13	57	40	17	0	698
NEW YORK	147	19	146	107	39	0	1752
PHILADELPHIA	192	20	186	77	109	6	2361
ATLANTA	294	23	280	52	228	10	4262
CHICAGO	212	36	197	140	57	12	2666
DALLAS	192	24	177	66	111	5	2264
KANSAS CITY	65	14	62	42	20	3	676
DENVER	46	6	40	26	14	4	366
SAN FRANCISCO	226	18	207	67	140	11	2684
SEATTLE	32	6	28	15	13	1	247

1 HOSPITAL AND INDEPENDENT COUNTS ARE INCLUDED IN THE TOTAL DIALYSIS COUNT.
NOTE: DETAIL DOES NOT ADD TO TOTAL BECAUSE MOST TRANSPLANT CENTERS
ALSO PROVIDE DIALYSIS SERVICES AND ARE AGAIN COUNTED IN DIALYSIS.

TABLE 2
NUMBER OF ESRD PROVIDERS BY TRAINING SERVICE AND REGION

REGION	TOTAL PROVIDERS	TRAINING FACILITIES	HEMODIALYSIS TRAINING	PERITONEAL TRAINING	CAPD TRAINING	IN-CENTER SELF-CARE UNITS
TOTALS	1483	989	781	428	606	278
BOSTON	66	61	43	27	46	11
NEW YORK	147	98	76	37	66	27
PHILADELPHIA	192	140	119	86	122	40
ATLANTA	294	178	119	92	163	36
CHICAGO	212	164	118	77	130	47
DALLAS	192	117	76	34	98	57
KANSAS CITY	68	60	67	8	33	3
DENVER	46	26	23	20	26	7
SAN FRANCISCO	226	180	108	41	114	44
SEATTLE	32	16	14	6	11	4

TABLE 3
NUMBER OF ESRD PROVIDERS BY PROFIT AND NON-PROFIT AND REGION

REGION	TOTALS				PROFIT DIALYSIS		NONPROFIT DIALYSIS	
	PROVIDERS	PROFIT	NONPROFIT	UNKNOWN	HOSPITAL	INDEPENDENT	HOSPITAL	INDEPENDENT
TOTALS	1463	616	847	0	17	690	616	168
BOSTON	68	16	43	0	0	16	40	2
NEW YORK	147	28	119	0	1	27	106	12
PHILADELPHIA	192	101	91	0	4	97	73	12
ATLANTA	294	176	118	0	3	170	49	68
CHICAGO	212	46	167	0	2	43	138	14
DALLAS	192	110	82	0	4	106	62	6
KANSAS CITY	66	7	68	0	1	6	41	14
DENVER	46	11	36	0	0	10	26	4
SAN FRANCISCO	226	120	106	0	2	114	66	26
SEATTLE	32	3	29	0	0	3	16	10

TABLE 4
NUMBER OF ESRD PROVIDERS BY TYPE OF SERVICE AND STATE

STATE	TOTAL	TRANSPLANT	DIALYSIS	HOSPITAL 1	INDEPENDENT 1	INPATIENT CARE	STATIONS
TOTAL	1488	178	1180	682	748	52	17845
ALASKA	3	0	2	0	2	1	12
ALABAMA	28	2	20	5	20	1	379
ARKANSAS	18	2	18	8	10	1	177
AMERICAN SOMOA	1	0	1	1	0	0	2
ARIZONA	28	8	20	10	18	0	237
CALIFORNIA	188	14	170	47	128	11	2154
COLORADO	17	2	12	8	8	4	161
CONNECTICUT	18	2	18	14	2	0	181
DISTRICT OF COLUMBIA	18	8	18	8	7	0	157
DELAWARE	8	0	8	1	2	0	55
FLORIDA	85	4	88	17	72	6	1342
GEORGIA	48	4	47	10	87	0	766
GUAM	1	0	1	1	0	0	5
HAWAII	8	1	8	8	2	0	94
IOWA	11	2	11	10	1	0	122
IDAHO	4	0	4	4	0	0	18
ILLINOIS	72	8	84	82	32	8	935
INDIANA	15	2	15	14	1	0	269
KANSAS	7	2	8	4	2	1	112
KENTUCKY	18	2	18	8	10	0	191
LOUISIANA	48	8	48	11	35	0	499
MASSACHUSETTS	27	8	28	15	8	0	321
MARIANA ISLANDS	1	0	1	0	1	0	5
MARYLAND	28	8	28	11	15	0	887
MAINE	8	1	8	8	2	0	56
MICHIGAN	41	10	37	28	9	2	521
MINNESOTA	18	3	18	15	1	1	215
MISSOURI	85	8	38	18	17	2	377

1 HOSPITAL AND INDEPENDENT COUNTS ARE INCLUDED IN THE TOTAL DIALYSIS COUNT.
NOTE: DETAIL DOES NOT ADD TO TOTAL BECAUSE MOST TRANSPLANT CENTERS
ALSO PROVIDE DIALYSIS SERVICES AND ARE AGAIN COUNTED IN DIALYSIS.

TABLE 4 -- CONTINUED

NUMBER OF ESRD PROVIDERS BY TYPE OF SERVICE AND STATE

STATE	TOTAL	TRANSPLANT	DIALYSIS	HOSPITAL 1	INDEPENDENT 1	INPATIENT CARE	STATIONS
MISSISSIPPI	23	1	22	2	20	1	298
MONTANA	4	0	4	4	0	0	33
NORTH CAROLINA	23	6	23	6	17	0	618
NORTH DAKOTA	4	0	4	4	0	0	31
NEBRASKA	9	2	9	9	0	0	66
NEW HAMPSHIRE	4	0	4	2	2	0	36
NEW JERSEY	27	3	27	21	8	0	411
NEW MEXICO	13	1	12	6	8	0	119
NEVADA	3	0	3	2	1	0	56
NEW YORK	102	13	101	76	26	0	1186
OHIO	43	11	43	31	12	0	647
OKLAHOMA	23	4	23	18	6	0	180
OREGON	9	1	9	5	4	0	105
PENNSYLVANIA	87	8	81	37	44	6	1041
PUERTO RICO	16	2	16	9	7	0	170
RHODE ISLAND	5	0	5	2	3	0	90
SOUTH CAROLINA	22	1	21	2	19	1	337
SOUTH DAKOTA	6	0	6	6	0	0	36
TENNESSEE	38	4	34	4	30	1	436
TEXAS	89	11	79	24	55	4	1314
UTAH	13	3	12	5	7	0	94
VIRGINIA	46	4	46	14	32	0	560
VIRGIN ISLANDS	2	1	2	2	0	0	6
VERMONT	1	1	1	1	0	0	14
WASHINGTON	18	6	18	6	7	0	112
WISCONSIN	23	2	22	20	2	1	100
WEST VIRGINIA	12	0	12	6	6	0	123
WYOMING	1	0	1	0	1	0	7

1 HOSPITAL AND INDEPENDENT COUNTS ARE INCLUDED IN THE TOTAL DIALYSIS COUNT.
NOTE: DETAIL DOES NOT ADD TO TOTAL BECAUSE MOST TRANSPLANT CENTERS
ALSO PROVIDE DIALYSIS SERVICES AND ARE AGAIN COUNTED IN DIALYSIS.

TABLE 6
NUMBER OF ESRD PROVIDERS BY TRAINING SERVICE AND STATE

STATE	TOTAL PROVIDERS	TRAINING FACILITIES	HEMODIALYSIS TRAINING	PERITONEAL TRAINING	CAPD TRAINING	IN-CENTER SELF-CARE UNITS
U.S. TOTALS	1488	989	781	428	808	278
ALASKA	9	1	1	1	0	1
ALABAMA	29	22	17	14	20	9
ARKANSAS	19	19	9	8	13	6
AMERICAN SOMOA	1	0	0	0	0	0
ARIZONA	28	18	19	6	14	2
CALIFORNIA	188	124	88	88	99	97
COLORADO	17	11	11	10	9	2
CONNECTICUT	18	18	14	7	16	6
DISTRICT OF COLUMBIA	15	9	7	9	8	2
DELAWARE	8	8	2	2	2	0
FLORIDA	95	58	90	21	59	8
GEORGIA	48	98	28	21	99	13
GUAM	1	1	1	0	0	0
HAWAII	8	4	4	1	4	4
IOWA	11	11	11	1	7	0
IDAHO	4	1	1	0	1	0
ILLINOIS	72	58	49	31	41	92
INDIANA	16	12	8	8	12	1
KANSAS	7	7	7	2	6	0
KENTUCKY	18	10	8	4	10	2
LOUISIANA	49	26	22	11	14	16
MASSACHUSETTS	27	21	19	19	19	1
MARIANA ISLANDS	1	0	0	0	0	0
MARYLAND	29	20	16	18	19	7
MAINE	6	6	6	1	3	0
MICHIGAN	41	30	27	18	28	8
MINNESOTA	18	8	6	9	8	1
MISSOURI	88	98	81	4	18	9

TABLE 8 -- CONTINUED
NUMBER OF ESRD PROVIDERS BY TRAINING SERVICE AND STATE

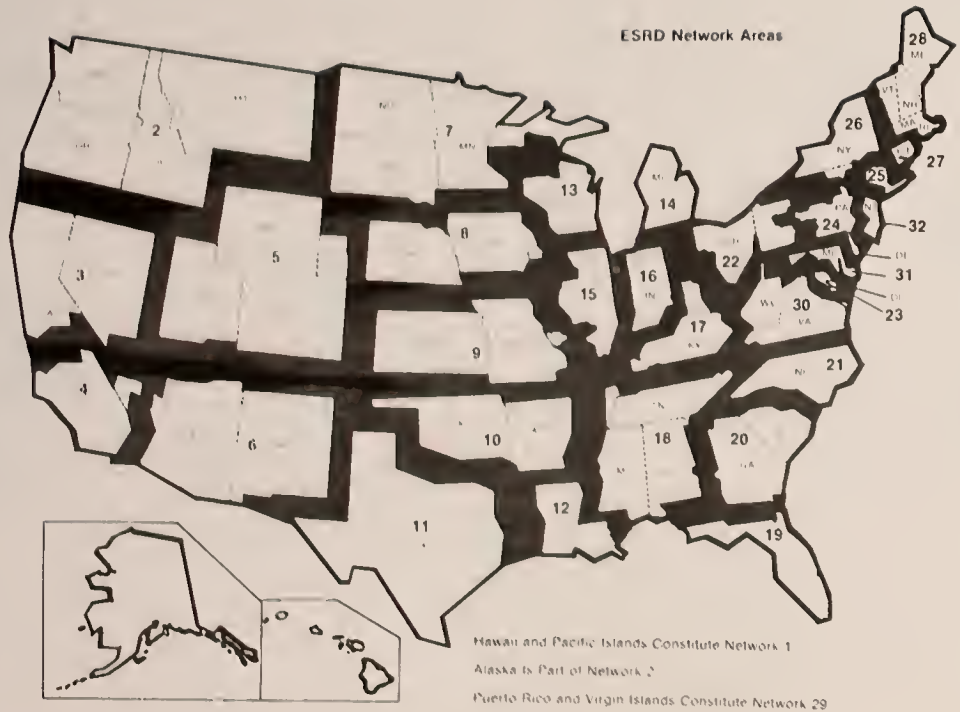
STATE	TOTAL PROVIDERS	TRAINING FACILITIES	HEMODIALYSIS TRAINING	PERITONEAL TRAINING	CAPD TRAINING	IN-CENTER SELF-CARE UNITS
MISSISSIPPI	23	8	7	8	7	2
MONTANA	4	4	4	2	4	1
NORTH CAROLINA	23	14	14	11	12	4
NORTH DAKOTA	4	5	1	0	5	0
NEBRASKA	9	9	8	1	3	0
NEW HAMPSHIRE	4	4	3	3	4	2
NEW JERSEY	27	19	19	14	14	14
NEW MEXICO	18	7	4	2	7	3
NEVADA	3	3	2	2	3	1
NEW YORK	102	69	82	22	48	11
OHIO	48	31	28	18	28	2
OKLAHOMA	23	12	12	8	10	10
OREGON	9	3	7	3	3	0
PENNSYLVANIA	87	84	87	48	58	28
PUERTO RICO	18	7	3	1	4	2
RHODE ISLAND	3	4	4	3	4	2
SOUTH CAROLINA	22	12	6	7	11	1
SOUTH DAKOTA	6	2	0	0	2	0
TENNESSEE	38	18	11	9	17	2
TEXAS	89	58	28	18	82	23
UTAH	13	7	7	7	3	4
VIRGINIA	48	38	32	18	28	5
VIRGIN ISLANDS	2	0	0	0	0	0
VERMONT	1	1	1	0	1	1
WASHINGTON	19	3	3	2	4	3
WISCONSIN	23	20	12	11	16	3
WEST VIRGINIA	12	9	5	5	9	0
WYOMING	1	1	0	1	1	0

TABLE 6
NUMBER OF ESRD PROVIDERS BY PROFIT AND NON PROFIT

STATE	TOTALS				PROFIT DIALYSIS		NONPROFIT DIALYSIS	
	PROVIDERS	PROFIT	NONPROFIT	UNKNOWN	HOSPITAL	INDEPENDENT	HOSPITAL	INDEPENDENT
U.S. TOTALS	1463	616	847	0	17	890	618	158
ALASKA	9	0	9	0	0	0	0	2
ALABAMA	29	21	8	0	0	21	8	2
ARKANSAS	19	6	10	0	0	9	8	1
AMERICAN SOMOA	1	0	1	0	0	0	1	0
ARIZONA	29	6	14	0	0	9	10	4
CALIFORNIA	188	108	80	0	2	102	48	21
COLORADO	17	7	10	0	0	6	8	0
CONNECTICUT	16	2	14	0	0	2	14	0
DISTRICT OF COLUMBIA	10	7	8	0	0	7	8	0
DELAWARE	3	3	0	0	1	2	0	0
FLORIDA	98	68	27	0	3	62	14	10
GEORGIA	48	32	16	0	0	32	10	5
GUAM	1	0	1	0	0	0	1	0
HAWAII	8	2	6	0	0	2	6	0
IOWA	11	1	10	0	0	1	10	0
IDAHO	4	0	4	0	0	0	4	0
ILLINOIS	72	29	43	0	0	29	32	3
INDIANA	15	1	14	0	0	1	14	0
KANSAS	7	1	6	0	0	1	4	1
KENTUCKY	16	4	12	0	0	4	6	6
LOUISIANA	46	32	14	0	0	35	11	0
MASSACHUSETTS	27	7	20	0	0	7	18	1
MARIANA ISLANDS	1	0	1	0	0	0	0	1
MARYLAND	29	15	14	0	1	14	10	4
MAINE	5	2	3	0	0	2	3	0
MICHIGAN	41	7	34	0	1	6	27	3
MINNESOTA	18	0	18	0	0	0	15	1
MISSOURI	30	8	33	0	1	4	18	13

TABLE 6--CONTINUED
NUMBER OF ESRD PROVIDERS BY PROFIT AND NON PROFIT

STATE	TOTALS				PROFIT DIALYSIS		NONPROFIT DIALYSIS	
	PROVIDERS	PROFIT	NONPROFIT	UNKNOWN	HOSPITAL	INDEPENDENT	HOSPITAL	INDEPENDENT
MISSISSIPPI	23	6	17	0	0	6	2	14
MONTANA	4	0	4	0	0	0	4	0
NORTH CAROLINA	23	15	8	0	0	15	6	2
NORTH DAKOTA	4	0	4	0	0	0	4	0
NEBRASKA	9	0	9	0	0	0	9	0
NEW HAMPSHIRE	4	2	2	0	0	2	2	0
NEW JERSEY	27	6	21	0	0	6	21	0
NEW MEXICO	15	7	6	0	2	5	4	1
NEVADA	3	1	2	0	0	1	2	0
NEW YORK	102	14	55	0	0	14	75	12
OHIO	45	6	37	0	1	5	30	7
OKLAHOMA	23	5	17	0	1	5	17	0
OREGON	9	3	6	0	0	3	5	1
PENNSYLVARIA	87	40	47	0	1	39	36	5
PUERTO RICO	15	8	8	0	1	7	0	0
RHODE ISLARO	5	2	3	0	0	2	2	1
SOUTH CAROLINA	22	16	6	0	0	16	2	5
SOUTH DAKOTA	6	0	6	0	0	0	6	0
TENNESSEE	38	14	24	0	0	14	4	16
TEXAS	89	53	36	0	1	51	23	4
UTAH	13	3	10	0	0	3	5	4
VIROINIA	46	31	15	0	0	31	14	1
VIROIR ISLANDS	2	0	2	0	0	0	2	0
VERMORT	1	0	1	0	0	0	1	0
WASHINOTON	16	0	16	0	0	0	6	7
WISCORSIN	23	2	21	0	0	2	20	0
WEST VIROIRIA	12	5	7	0	1	4	5	2
WYOMIRO	1	1	0	0	0	1	0	0


ESRD Network Areas
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Hawaii and Pacific Islands Constitute Network 1
Alaska is Part of Network 2
Puerto Rico and Virgin Islands Constitute Network 29

TABLE 7
NUMBER OF ESRD PROVIDERS BY TYPE OF SERVICE AND NETWORK

NETWORK	TOTAL	TRANSPLANT	DIALYSIS	HOSPITAL 1	INDEPENDENT 1	INPATIENT CARE	STATIONS
TOTAL	1463	178	1380	632	748	82	17648
01	11	1	11	8	3	0	107
02	56	6	52	16	13	1	280
03	74	9	71	22	46	2	802
04	117	11	102	27	78	9	1408
05	92	8	26	12	14	4	288
06	96	4	88	16	16	0	866
07	91	9	26	28	1	1	265
08	21	4	20	18	2	1	195
09	46	10	42	22	20	4	805
10	41	8	40	28	18	1	526
11	86	11	79	24	55	4	1514
12	46	8	46	11	35	0	496
13	28	2	22	20	2	1	188
14	58	10	84	28	6	2	507
15	68	8	82	32	30	6	897
16	18	2	18	14	1	0	286
17	28	6	28	11	14	0	821
18	92	7	86	18	73	9	1128
19	98	4	86	17	72	8	1342
20	70	8	68	12	86	1	1108
21	28	8	28	6	17	0	818
22	86	8	86	88	23	0	608
23	29	8	26	12	17	0	376
24	67	7	61	30	31	8	822
25	76	7	78	88	22	0	938
26	27	8	27	23	4	0	236
27	16	2	16	14	2	0	181
28	42	11	41	26	18	0	617
29	18	8	18	11	7	0	178
30	82	4	82	19	88	0	616
31	21	8	21	8	18	0	271
32	27	9	27	21	6	0	411

1 HOSPITAL AND INDEPENDENT COUNTS ARE INCLUDED IN THE TOTAL DIALYSIS COUNT.
NOTE: DETAIL DOES NOT ADD TO TOTAL BECAUSE MOST TRANSPLANT CENTERS
ALSO PROVIDE DIALYSIS SERVICES AND ARE ADAIN COUNTED IN DIALYSIS.

TABLE B
NUMBER OF ESRD PROVIDERS BY TRAINING SERVICE AND NETWORK

NETWORK	TOTAL PROVIDERS	TRAINING FACILITIES	HEMODIALYSIS TRAINING	PERITONEAL TRAINING	CAPD TRAINING	IN-CENTER SELF-CARE UNITS
TOTALS	1499	989	781	420	806	278
01	11	8	8	1	4	4
02	39	20	18	0	18	8
03	74	40	48	17	44	18
04	117	87	47	13	82	20
05	92	20	13	10	13	3
06	38	28	17	7	21	8
07	31	18	8	4	14	2
08	21	20	19	2	11	1
09	48	40	98	9	24	4
10	41	29	20	7	22	18
11	89	88	28	13	82	23
12	49	28	22	11	14	18
13	23	20	12	11	18	3
14	98	20	28	18	27	7
15	98	81	41	31	39	30
16	18	12	8	9	12	1
17	28	18	10	3	18	2
18	92	80	33	29	48	8
19	98	88	30	21	83	8
20	70	48	33	20	44	14
21	23	14	14	11	12	4
22	89	43	38	21	38	12
23	29	20	18	8	17	4
24	97	48	39	34	33	18
25	79	43	33	12	38	9
26	27	21	20	11	14	2
27	19	19	14	7	18	8
28	42	38	29	20	31	8
29	10	7	8	1	4	2
30	82	33	33	20	34	3
31	21	14	9	11	13	8
32	27	13	10	14	14	14

TABLE 3
NUMBER OF ESRD PROVIDERS BY PROFIT AND NONPROFIT AND NETWORK

NETWORK	TOTALS				PROFIT DIALYSIS		NONPROFIT DIALYSIS	
	PROVIDERS	PROFIT	NONPROFIT	UNKNOWN	HOSPITAL	INDEPENDENT	HOSPITAL	INDEPENDENT
U.S. TOTALS	1433	313	847	0	17	830	616	150
01	11	2	8	0	0	2	8	1
02	36	5	33	0	0	3	18	10
03	74	55	59	0	0	55	22	14
04	117	74	43	0	2	38	28	7
05	52	11	41	0	0	10	12	4
06	33	13	20	0	2	14	14	5
07	51	0	51	0	0	0	28	1
08	21	2	19	0	0	2	18	0
09	43	7	33	0	1	3	21	14
10	41	15	23	0	1	14	24	1
11	83	53	56	0	1	51	23	4
12	48	35	14	0	0	85	11	0
13	23	2	21	0	0	2	20	0
14	58	7	51	0	1	3	24	3
15	38	27	41	0	0	27	32	3
16	15	1	14	0	0	1	14	0
17	25	4	21	0	0	4	11	10
18	82	41	51	0	0	41	13	32
19	98	38	27	0	3	32	14	10
20	70	48	22	0	0	48	12	8
21	28	15	0	0	0	15	3	2
22	53	13	37	0	1	10	32	5
23	29	18	11	0	1	17	11	0
24	87	30	57	0	2	28	28	3
25	76	12	64	0	0	12	53	10
26	27	2	25	0	0	2	23	2
27	16	2	14	0	0	2	14	0
28	42	13	28	0	0	13	23	2
29	10	0	10	0	1	7	10	0
30	52	31	21	0	1	30	18	3
31	21	3	12	0	0	3	8	4
32	27	3	21	0	0	3	21	0

GLOSSARY OF TERMS

The items appearing in this glossary are intended to assist the reader by supplying operational definitions of the terms used in this publication.

BACKUP HOSPITAL - A hospital with whom a dialysis facility has a written agreement under which inpatient hospital care or other hospital services are available promptly to the dialysis facility's patients when needed.

CAPD - Continuous Ambulatory Peritoneal Dialysis -A type of peritoneal dialysis whereby the patient dialyzes at home, using special supplies, but without the need for a machine.

CROSS-REFER-NO - A special series of provider numbers assigned to hospitals by the Health Standards and Quality Bureau of HCFA in order to accept renal data in the Medicare Medicaid Automated Certification System (MMACS).

DIALYSIS CENTER - A hospital unit which is approved to furnish the full spectrum of diagnostic, therapeutic and rehabilitative services required for the care of ESRD dialysis patients (including inpatient dialysis furnished directly or under arrangement).

DIALYSIS FACILITY - A unit of a hospital which is approved to furnish dialysis service(s) directly to ESRD patients.

DIALYSIS STATION - The treatment area which is designed and equipped to provide adequate and safe dialysis therapy, as well as privacy and comfort for patients.

HEMODIALYSIS - A method of dialysis in which blood from a patients body is circulated through an external device or machine and thence returned to the patients bloodstream. Such an artificial kidney machine usually is designed to remove fluids and metabolic end products from the bloodstream by placing the blood in contact with a semi-permeable membrane which is bathed on the other side by an appropriate chemical solution referred to as dialysate.

HSA - Health Systems Agency

INPATIENT CARE ONLY - A renal dialysis center which performs 20 percent or less of their dialysis on an outpatient basis.

MSA - Metropolitan Statistical Area

PERITONEAL DIALYSIS - A procedure which introduces dialysate into the abdominal cavity to remove waste products through the peritoneum (membrane which surrounds the intestines and other organs in the abdominal cavity). It functions in a manner similar to that of the (artificial) semi-permeable membrane in the hemodialysis machine.

PROVIDER NUMBER - An assigned Medicare identification number for billing which consists of six positions. The first two positions represent a state code. The third and fourth positions represent the type of provider of services. For renal providers, the coding is as follows:

0 in 3rd position = Short-stay hospital
20 in 3rd and 4th positions = Long-term care hospital
25 in 3rd and 4th positions = Independent renal facilities
26 in 3rd and 4th positions = Independent renal facilities
33 in 3rd and 4th positions = Children's hospital
35 in 3rd and 4th positions = Hospital Satellite renal facility
(Hospital satellites are owned and operated by hospitals.)

Examples:
01 0001 = Hospital in Alabama
05 2500 = Independent in California
14 3500 = Hospital Satellite in Illinois

RENAL NETWORK - An approved organized group of ESRD facilities in a designated area which, by their type and location and because of local referral patterns, collectively furnish the necessary care for ESRD patients in the population served.

SELF-CARE SERVICES - A unit of a dialysis facility or center where patients who have been trained to perform self-dialysis with little or no professional assistance dialyze.

SPECIAL PURPOSE FACILITY - A renal dialysis facility which is approved to furnish dialysis at special locations on a short-term basis to a group of dialysis patients otherwise unable to obtain treatment in the geographical area. The special locations must be either special rehabilitative (including vacation) locations service ESRD patients temporarily residing there, or locations in need of ESRD facilities under emergency circumstances.

STAFF-ASSISTED SERVICES - A dialysis setting in which the patient is dialyzed at a facility or center by staff at that facility or center.

TRAINING SERVICES - A program that trains ESRD patients to perform self-dialysis or home dialysis with little or no professional assistance, and trains other individuals to assist patients in performing self-dialysis or home dialysis.

TRANSPLANT CENTER - A hospital unit which is approved to furnish direct transplantation and other medical and surgical speciality services for the care of the ESRD transplant patients, including inpatient dialysis furnished directly or under arrangement.

1986 NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

STATE-ALASKA

PROVIDENCE HOSPITAL 3200 PROVIDENCE DRIVE ANCHORAGE, AK 99504 INTERMEDIARY NO: 00430 PROVIDER NO: 020001	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 10 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 002 RENAL NETWORK: 02 CROSS-REFERENCE NO: 022300
ALASKA KIDNEY CENTER 4000 LAUREL ST ANCHORAGE, AK 99504 INTERMEDIARY NO: 00430 PROVIDER NO: 022300	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 10 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 02 CROSS-REFERENCE NO:
NORTHERN ALASKA KIDNEY CENTER 1580 COWLES ST FAIRBANKS, AK 99701 INTERMEDIARY NO: 00430 PROVIDER NO: 022802	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 10 DATE APPROVED: 082786 NUMBER OF DIALYSIS STATIONS: 003 RENAL NETWORK: 02 CROSS-REFERENCE NO:

STATE=ALABAMA

UNIVERSITY OF ALABAMA HOSP-
1809 5TH AVE SOUTH
BIRMINGHAM, AL 35294
INTERMEDIARY NO: 00010
PROVIDER NO: 010033

APPROVED AS: TRANSPLANT/DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 04
DATE APPROVED: 090176
NUMBER OF DIALYSIS STATIONS: 042
RENAL NETWORK: 10
CROSS-REFERENCE NO: 012300

HUNTSVILLE CENTER
2320 PANSY ST, SUITE C
HUNTSVILLE, AL 35801
INTERMEDIARY NO: 00010
PROVIDER NO: 010039

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 04
DATE APPROVED: 090176
NUMBER OF DIALYSIS STATIONS: 017
RENAL NETWORK: 10
CROSS-REFERENCE NO: 012301

ST MARGARETS HOSP
634 ADAMS AVE
MONTGOMERY, AL 36104
INTERMEDIARY NO: 00010
PROVIDER NO: 010081

APPROVED AS: INPATIENT ONLY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 04
DATE APPROVED: 110178
NUMBER OF DIALYSIS STATIONS: 000
RENAL NETWORK: 10
CROSS-REFERENCE NO:

PROVIDENCE HOSP
1504 SPRINGHILL AVE
MOBILE, AL 36601
INTERMEDIARY NO: 00010
PROVIDER NO: 010090

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 04
DATE APPROVED: 090176
NUMBER OF DIALYSIS STATIONS: 031
RENAL NETWORK: 10
CROSS-REFERENCE NO: 012303

BAPTIST MEDICAL CTR PRINCETON
701 PRINCETON AVE SW
BIRMINGHAM, AL 35211
INTERMEDIARY NO: 00010
PROVIDER NO: 010103

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 04
DATE APPROVED: 071677
NUMBER OF DIALYSIS STATIONS: 014
RENAL NETWORK: 10
CROSS-REFERENCE NO: 012304

CHILDRENS HOSPITAL OF ALABAMA
1601 5TH AVE SOUTH
BIRMINGHAM, AL 35233
INTERMEDIARY NO: 00010
PROVIDER NO: 010141

APPROVED AS: TRANSPLANT/DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 04
DATE APPROVED: 111782
NUMBER OF DIALYSIS STATIONS: 006
RENAL NETWORK: 10
CROSS-REFERENCE NO: 012305

MONTGOMERY NEPHROLOGY REFERRAL CENTER
303 SOUTH RIPLEY ST, SUITE 2000
MONTGOMERY, AL 36104
INTERMEDIARY NO: 00010
PROVIDER NO: 012500

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 090175
NUMBER OF DIALYSIS STATIONS: 026
RENAL NETWORK: 10
CROSS-REFERENCE NO:

COMMUNITY DIALYSIS SVCS-N CENTRAL AL
401 S FIRST ST
OADSDEN, AL 35902
INTERMEDIARY NO: 00010
PROVIDER NO: 012501

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 090176
NUMBER OF DIALYSIS STATIONS: 016
RENAL NETWORK: 10
CROSS-REFERENCE NO:

REGIONAL DIALYSIS CTR OF DCH INC
615 UNIVERSITY BLVD-BOX 2383
TUSCALOOSA, AL 35401
INTERMEDIARY NO: 00010
PROVIDER NO: 012502

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 04
DATE APPROVED: 102177
NUMBER OF DIALYSIS STATIONS: 017
RENAL NETWORK: 15
CROSS-REFERENCE NO:

STATE=ALABAMA CONTINUED

COMMUNITY DIALYSIS SVCS-RW ALABAMA 1110 SD MONTGOMERY SHEFFIELD, AL 35660 INTERMEDIARY NO: 00010 PROVIDER NO: 012505	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 101377 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 16 CROSS-REFERENCE NO:
COMMUNITY DIALYSIS SVCS-CENTRAL AL 5980 OVERROOS DR MONTGOMERY, AL 36111 INTERMEDIARY NO: 00010 PROVIDER NO: 012606	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 121477 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 16 CROSS-REFERENCE NO:
COMMUNITY DIALYSIS SVCS OF DOTHAN 1816 EAST MAIN ST DOTHAN, AL 36301 INTERMEDIARY NO: 00010 PROVIDER NO: 012608	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 112877 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 16 CROSS-REFERENCE NO:
DID MEDICAL APPLICATIONS OF MOBILE INC 1666 SPRINGHILL AVE MOBILE, AL 36604 INTERMEDIARY NO: 00010 PROVIDER NO: 012607	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 010479 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 16 CROSS-REFERENCE NO:
COMMUNITY DIALYSIS SERVICES OF BIRM 9220 PARKWAY EAST BIRMINGHAM, AL 35206 INTERMEDIARY NO: 00010 PROVIDER NO: 012608	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 062879 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 16 CROSS-REFERENCE NO:
NORTH ALA NEPHROLOGY CENTER 411 ENGEL DRIVE HUNTSVILLE, AL 35801 INTERMEDIARY NO: 00010 PROVIDER NO: 012609	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 071679 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 16 CROSS-REFERENCE NO:
DIALYSIS FACILITY OF SOUTH ALABAMA 1209 BELLEVILLE AVENUE BREWTON, AL 36426 INTERMEDIARY NO: 00010 PROVIDER NO: 012610	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 022980 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 16 CROSS-REFERENCE NO:
REGIONAL DIALYSIS OF ANNISTON 700 QUINTARD AVE ANNISTON, AL 36201 INTERMEDIARY NO: 00010 PROVIDER NO: 012611	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 072180 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 16 CROSS-REFERENCE NO:
SELMA NEPHROLOGY REFERRAL CTR INC. 1019 MEDICAL CENTER PARKWAY SELMA, AL 36701 INTERMEDIARY NO: 00010 PROVIDER NO: 012612	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 062580 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 16 CROSS-REFERENCE NO:

STATE-ALABAMA CONTINUED

SMA OF CHATTAHOOCHEE INC SUITE I3 MEDICAL PARK LANODALE, AL 36864 INTERMEDIARY NO: 00010 PROVIDER NO: 012513	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 021281 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 16 CROSS-REFERENCE NO:
COMMUNITY DIALYSIS CTR OF PHENIX CITY 1700 21ST COURT SUITE 102 PHENIX CITY, AL 36567 INTERMEDIARY NO: 00010 PROVIDER NO: 012514	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 031881 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 20 CROSS-REFERENCE NO:
OPELIKA NEPHROLOGY REFERRAL CENTER INC 122 NORTH 20TH STREET OPELIKA, AL 36802 INTERMEDIARY NO: 00010 PROVIDER NO: 012515	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 090782 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 16 CROSS-REFERENCE NO:
THE NORWOOD CLINIC INC 1628 N 26TH ST-P.O. BOX C-230 BIRMINGHAM, AL 35283 INTERMEDIARY NO: 00010 PROVIDER NO: 012516	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 120282 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 16 CROSS-REFERENCE NO:
COMMUNITY DIALYSIS SERVICES 1005 W MARKET ST #17 ATHENS, AL 35611 INTERMEDIARY NO: 00010 PROVIDER NO: 012517	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 012183 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 16 CROSS-REFERENCE NO:
VALLEY DIALYSIS CENTER INC. 1806 CARRIDALE ST DECATUR, AL 35601 INTERMEDIARY NO: 00010 PROVIDER NO: 012518	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 120783 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 16 CROSS-REFERENCE NO:
SCOTTSBORO DIALYSIS CTR INC 319 PARKS AVE SCOTTSBORO, AL 35768 INTERMEDIARY NO: 00010 PROVIDER NO: 012519	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 110684 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 16 CROSS-REFERENCE NO:
TROY NEPHROLOGY REFERRAL CTR 1001 S FRANKLIN DR TROY, AL 36081 INTERMEDIARY NO: 00010 PROVIDER NO: 012520	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 111984 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 16 CROSS-REFERENCE NO:
DIALYSIS CLINIC INC 1402 E MAIN ST DOTHAN, AL 36301 INTERMEDIARY NO: 00010 PROVIDER NO: 012521	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 031186 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 16 CROSS-REFERENCE NO:

STATE-ALABAMA CONTINUED

HUNTSVILLE DIALYSIS CTR 2328 PARSY ST HUNTSVILLE, AL 35801 INTERMEDIARY NO: 00010 PROVIDER NO: 012522	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 082085 NUMBER OF DIALYSIS STATIONS: 017 RENAL NETWORK: 18 CROSS-REFERENCE NO:
PHENIX CITY NEPHROLOGY CTR 1800 OPELIKA RD PHENIX CITY, AL 36867 INTERMEDIARY NO: 00010 PROVIDER NO: 012528	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 062386 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 18 CROSS-REFERENCE NO:

1986 NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

STATE=ARKANSAS

WASHINGTON REGIONAL MED CTR	APPROVED AS: DIALYSIS CENTER	HCFA REGION: 06
1125 N. COLLEGE	STAFF-ASSISTED SERVICES: HEMODIALYSIS	DATE APPROVED: 083177
FAYETTEVILLE, AR 72701	SELF-CARE SERVICES: HEMODIALYSIS	NUMBER OF DIALYSIS STATIONS: 007
INTERMEDIARY NO: 00020	TRAINING SERVICES: HEMODIALYSIS CAPD	RENAL NETWORK: 10
PROVIDER NO: 040004	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO: 042300
ST VINCENT INFIRMARY	APPROVED AS: DIALYSIS CENTER	HCFA REGION: 06
MARKHAM & UNIVERSITY	STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL	DATE APPROVED: 041081
LITTLE ROCK, AR 72201	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 009
INTERMEDIARY NO: 00020	TRAINING SERVICES: CAPD	RENAL NETWORK: 10
PROVIDER NO: 040007	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO: 042311
UNIVERSITY OF ARKANSAS HOSP	APPROVED AS: TRANSPLANT/DIALYSIS CENTER	HCFA REGION: 06
4301 W MARKHAM	STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL	DATE APPROVED: 083177
LITTLE ROCK, AR 72201	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 009
INTERMEDIARY NO: 00020	TRAINING SERVICES: CAPD	RENAL NETWORK: 10
PROVIDER NO: 040016	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO: 042302
ST BERNARDS REGIONAL MEDICAL CTR	APPROVED AS: DIALYSIS CENTER	HCFA REGION: 06
224 E MATTHEWS	STAFF-ASSISTED SERVICES: HEMODIALYSIS	DATE APPROVED: 090870
JONESBORO, AR 72401	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 006
INTERMEDIARY NO: 00020	TRAINING SERVICES: HEMODIALYSIS CAPD	RENAL NETWORK: 10
PROVIDER NO: 040020	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO: 042303
CRITTENDEN MEMORIAL HOSP	APPROVED AS: DIALYSIS FACILITY-HOSP	HCFA REGION: 06
200 TYLER ST	STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL	DATE APPROVED: 083177
WEST MEMPHIS, AR 72301	SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL	NUMBER OF DIALYSIS STATIONS: 000
INTERMEDIARY NO: 00020	TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD	RENAL NETWORK: 10
PROVIDER NO: 040042	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO: 042304
SPARKS REGIONAL MEDICAL CENTER	APPROVED AS: INPATIENT ONLY	HCFA REGION: 06
1311 S "I" ST	STAFF-ASSISTED SERVICES: HEMODIALYSIS	DATE APPROVED: 083177
FT SMITH, AR 72901	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 006
INTERMEDIARY NO: 00020	TRAINING SERVICES:	RENAL NETWORK: 10
PROVIDER NO: 040055	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO: 042305
VA HOSP	APPROVED AS: DIALYSIS CENTER	HCFA REGION: 06
4300 W 7TH	STAFF-ASSISTED SERVICES:	DATE APPROVED: 083177
LITTLE ROCK, AR 72205	SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL	NUMBER OF DIALYSIS STATIONS: 003
INTERMEDIARY NO: 00080	TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD	RENAL NETWORK: 10
PROVIDER NO: 040100	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO: 042306
BAPTIST MEDICAL CENTER	APPROVED AS: DIALYSIS CENTER	HCFA REGION: 06
9601 INTERSTATE 630 EXIT 7	STAFF-ASSISTED SERVICES: HEMODIALYSIS	DATE APPROVED: 083177
LITTLE ROCK, AR 72201	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 007
INTERMEDIARY NO: 00020	TRAINING SERVICES: PERITONEAL CAPD	RENAL NETWORK: 10
PROVIDER NO: 040114	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO: 042309
ARKANSAS CHILDRENS HOSP	APPROVED AS: TRANSPLANT/DIALYSIS CENTER	HCFA REGION: 06
804 WOLFE ST	STAFF-ASSISTED SERVICES: HEMODIALYSIS	DATE APPROVED: 011179
LITTLE ROCK, AR 72201	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 004
INTERMEDIARY NO: 00020	TRAINING SERVICES: CAPD	RENAL NETWORK: 10
PROVIDER NO: 040117	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO: 042310

STATE-ARKANSAS CONTINUED

BIO-MEDICAL APPLICATIONS OF ARKANSAS 5526 W MARKHAM SUITE 11 LITTLE ROCK, AR 72205 INTERMEDIARY NO: 00020 PROVIDER NO: 042000	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 10 CROSS-REFERENCE NO:
HOLT KROCK DIALYSIS CENTER 1500 DODSON AVE FT SMITH , AR 72901 INTERMEDIARY NO: 00020 PROVIDER NO: 042501	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 017 RENAL NETWORK: 10 CROSS-REFERENCE NO:
DMA-PULASKI 2 LILE COURT LITTLE ROCK, AR 72205 INTERMEDIARY NO: 00020 PROVIDER NO: 042002	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 015 RENAL NETWORK: 10 CROSS-REFERENCE NO:
COMMUNITY DIALYSIS SVCS OF EL DORADO 317 THOMPSON ST EL DORADO, AR 71730 INTERMEDIARY NO: 00020 PROVIDER NO. 042003	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 040379 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 10 CROSS-REFERENCE NO:
COMMUNITY DIALYSIS OF MOUNTAIN HOME CLO PLZ SHOPPING CTR HWY 62 E MOUNTAIN HOME, AR 72653 INTERMEDIARY NO: 00020 PROVIDER NO: 042006	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 120379 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 10 CROSS-REFERENCE NO:
COMM DIALYSIS CTR OF PINE BLUFF 2703 W 28TH ST PINE BLUFF, AR 71603 INTERMEDIARY NO: 00020 PROVIDER NO: 042006	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 032580 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 10 CROSS-REFERENCE NO:
OUACHITA REGIONAL DIALYSIS CTR INC 3100 MALVERN AVE, SUITE 103 HOT SPRINGS, AR 71901 INTERMEDIARY NO: 00020 PROVIDER NO: 042007	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 041282 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 10 CROSS-REFERENCE NO:
COMMUNITY DIALYSIS SERVICES 2704 WEST MAIN RUSSELLVILLE, AR 72801 INTERMEDIARY NO: 00020 PROVIDER NO: 042008	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 100883 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 10 CROSS-REFERENCE NO:
TEXARKANA KIDNEY DISEASE CTR 422 BEECH STREET TEXARKANA, AR 75502 INTERMEDIARY NO: 00020 PROVIDER NO: 042009	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 050284 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 10 CROSS-REFERENCE NO:

STATE-ARKANSAS CONTINUED

KIDNEY CARE INC. P.O. BOX 427 HELENA, AR 72342 INTERMEDIARY NO: 00020 PROVIDER NO: 042510	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 081484 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 10 CHORR-REFERENCE NO:

IRRB NATIONAL LISTING OF PROVIDERR FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

STATE=AMERICAN SAMOA

LBJ TROPICAL MEDICAL CENTER VILLAGE OF FAGAALU PAGO PAGO, AS 96799 INTERMEDIARY NO: 17120 PROVIDER NO: 540001	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 052482 NUMBER OF DIALYSIS STATIONS: 002 RENAL NETWORK: 01 CHORS-REFERENCE NO:

1989 NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

STATE=ARIZONA

0000 SAMARITAN MED CTR	APPROVED AS: TRANSPLANT/DIALYSIS CENTER	HCFA REGION: 09
1111 E. MCDOWELL RD,926 BLDG	STAFF-ASSISTED SERVICES: HEMODIALYSIS	DATE APPROVED: 091277
PHOENIX, AZ 85006	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 009
INTERMEDIARY NO: 00030	TRAINING SERVICES:	RENAL NETWORK: 09
PROVIDER NO: 030002	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO: 032309
ST MARYS HOSP & HEALTH CTR	APPROVED AS: DIALYSIS CENTER	HCFA REGION: 09
1601 W ST MARYS RD	STAFF-ASSISTED SERVICES:	DATE APPROVED: 090992
TUCSON, AZ 85703	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 000
INTERMEDIARY NO: 00030	TRAINING SERVICES:	RENAL NETWORK: 09
PROVIDER NO: 030010	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO:
MARICOPA MEDICAL CENTER	APPROVED AS: DIALYSIS CENTER	HCFA REGION: 09
2601 E ROOSEVELT	STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL	DATE APPROVED: 091177
PHOENIX, AZ 85008	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 009
INTERMEDIARY NO: 00030	TRAINING SERVICES: CAPD	RENAL NETWORK: 09
PROVIDER NO: 030022	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO: 032302
ST JOSEPHS HOSP & MEDICAL CENTER	APPROVED AS: DIALYSIS CENTER	HCFA REGION: 09
350 W THOMAS RD	STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL	DATE APPROVED: 072288
PHOENIX, AZ 85013	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 008
INTERMEDIARY NO: 00030	TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD	RENAL NETWORK: 09
PROVIDER NO: 030024	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO: 032309
UNIV HOSP ARIZONA HLTH SCIENCES CTR	APPROVED AS: TRANSPLANT/DIALYSIS CENTER	HCFA REGION: 09
1501 N CAMPBELL	STAFF-ASSISTED SERVICES: HEMODIALYSIS	DATE APPROVED: 081277
TUCSON, AZ 85724	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 009
INTERMEDIARY NO: 00030	TRAINING SERVICES:	RENAL NETWORK: 09
PROVIDER NO: 030064	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO: 032304
DESERT SAMARITAR HOSP N HLTH CTR	APPROVED AS: DIALYSIS CENTER	HCFA REGION: 09
1400 SOUTH DOBSON ROAD	STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL	DATE APPROVED: 111480
MESA, AZ 85202	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 003
INTERMEDIARY NO: 00030	TRAINING SERVICES: CAPD	RENAL NETWORK: 09
PROVIDER NO: 030085	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO: 032306
VA HOSP	APPROVED AS: TRANSPLANT/DIALYSIS CENTER	HCFA REGION: 09
3601 S 6TH ST	STAFF-ASSISTED SERVICES: HEMODIALYSIS	DATE APPROVED: 082877
TUCSON, AZ 85723	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 009
INTERMEDIARY NO: 00080	TRAINING SERVICES: HEMODIALYSIS CAPD	RENAL NETWORK: 09
PROVIDER NO: 030135	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO: 032305
ARTIFICAL KIDNEY CENTER-CENTRAL	APPROVED AS: DIALYSIS FACILITY	HCFA REGION: 09
2504 EAST ELM STREET	STAFF-ASSISTED SERVICES: HEMODIALYSIS	DATE APPROVED: 081277
TUCSON, AZ 85719	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 018
INTERMEDIARY NO: 00030	TRAINING SERVICES: HEMODIALYSIS PERITOREAL	RENAL NETWORK: 09
PROVIDER NO: 032500	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO:
ARTIFICAL KIDNEY CENTER EAST	APPROVED AS: DIALYSIS FACILITY	HCFA REGION: 09
5200 EAST GRANT RD, BLDG 500	STAFF-ASSISTED SERVICES: HEMODIALYSIS	DATE APPROVED: 090976
TUCSON, AZ 85712	SELF-CARE SERVICES: HEMODIALYSIS	NUMBER OF DIALYSIS STATIONS: 027
INTERMEDIARY NO: 00030	TRAINING SERVICES: HEMODIALYSIS CAPD	RENAL NETWORK: 06
PROVIDER NO: 032601	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO:

STATE-ARIZONA CONTINUED

COMMUNITY DIALYSIS SERVICES OF YUMA 1290 WEST 24TH ST.,SUITE 2 YUMA, AZ 85364 INTERMEDIARY NO: 00090 PROVIDER NO: 032802	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 100478 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 06 CROSS-REFERENCE NO:
PHOENIX ARTIFICIAL KIDNEY CENTER 19490 N 94TH DRIVE PEORIA, AZ 85345 INTERMEDIARY NO: 00090 PROVIDER NO: 032808	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 032678 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 06 CROSS-REFERENCE NO:
SCOTTSDALE DIALYSIS CENTER 7821 E OSBORN RD SCOTTSDALE, AZ 85251 INTERMEDIARY NO: 00090 PROVIDER NO: 032804	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 060179 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 06 CROSS-REFERENCE NO:
TUBA CITY DIALYSIS UNIT CEDAR STREET,BOX 2808 TUBA CITY, AZ 86045 INTERMEDIARY NO: 00090 PROVIDER NO: 032806	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 061881 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 06 CROSS-REFERENCE NO:
SOUTH PHOENIX DIALYSIS SVCS 4302 SOUTH 8TH AVE PHOENIX, AZ 85003 INTERMEDIARY NO: 00090 PROVIDER NO: 032809	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 122881 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 06 CROSS-REFERENCE NO:
EAST VALLEY DIALYSIS SERVICES 6883 EAST MAYWOOD MESA, AZ 85208 INTERMEDIARY NO: 00090 PROVIDER NO: 032809	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 110882 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 06 CROSS-REFERENCE NO:
LINCOLN DIALYSIS CENTER 34 EAST SUNNYSLOPE LANE PHOENIX, AZ 85020 INTERMEDIARY NO: 00090 PROVIDER NO: 032810	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES. TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 112382 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 06 CROSS-REFERENCE NO:
VERDE VALLEY DIALYSIS CENTER 202 S WILLARD ST BOX 848 COTTONWOOD, AZ 86326 INTERMEDIARY NO: 00090 PROVIDER NO: 032811	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 092789 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 06 CROSS-REFERENCE NO:
CHINLE RENAL FACILITY CHINLE COOP HLTH FAC,BOX P.H. CHINLE APACHE, AZ 86503 INTERMEDIARY NO: 00090 PROVIDER NO: 032812	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 012385 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 06 CROSS-REFERENCE NO:

STATE-ARIZONA CONTINUED

SELLS DIALYSIS CENTER	APPROVED AS: DIALYSIS FACILITY	HCFA REGION: 09
INDIAN HEALTH SERVICE HOSP	STAFF-ASSISTED SERVICES: HEMODIALYSIS	DATE APPROVED: 032088
SELLS, AZ 85634	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 011
INTERMEDIARY NO: 00030	TRAINING SERVICES: HEMODIALYSIS	RENAL NETWORK: OR
PROVIDER NO: 032513	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO:
DESERT DIALYSIS CLINIC	APPROVED AS: DIALYSIS FACILITY	HCFA REGION: 09
2025 EAST PRINCE RD	STAFF-ASSISTED SERVICES:	DATE APPROVED: 073185
TUCSON, AZ 85719	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 000
INTERMEDIARY NO: 00030	TRAINING SERVICES: CAPD	RENAL NETWORK: OR
PROVIDER NO: 032814	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO:
PHOENIX OUT PATIENT DIALYSIS CTR	APPROVED AS: DIALYSIS FACILITY-HOSP	HCFA REGION: 09
1021 EAST WILLETTA	STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL	DATE APPROVED: 081277
PHOENIX, AZ 85006	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 021
INTERMEDIARY NO: 00030	TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD	RENAL NETWORK: OR
PROVIDER NO: 033600	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO:
DOBSON MESA MEM OUTPATIENT DIAL FAC	APPROVED AS: DIALYSIS FACILITY-HOSP	HCFA REGION: 09
1800 SOUTH DOBSON RD	STAFF-ASSISTED SERVICES: HEMODIALYSIS	DATE APPROVED: 081277
MESA, AZ 85202	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 014
INTERMEDIARY NO: 00030	TRAINING SERVICES: HEMODIALYSIS	RENAL NETWORK: OR
PROVIDER NO: 033601	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO:
GLENDALE OUTPATIENT DIALYSIS CTR	APPROVED AS: DIALYSIS FACILITY-HOSP	HCFA REGION: 09
6004 W NORTHERN AVE	STAFF-ASSISTED SERVICES: HEMODIALYSIS	DATE APPROVED: 061277
GLENDALE, AZ 85301	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 014
INTERMEDIARY NO: 00030	TRAINING SERVICES:	RENAL NETWORK: OR
PROVIDER NO: 033602	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO:

STATE-CALIFORNIA

R H DAVIES MEDICAL CENTER CASTRO & DUBOCE STS SAN FRANCISCO, CA 94114 INTERMEDIARY NO: 00040 PROVIDER NO: 050008	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 081077 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 03 CROSS-REFERENCE NO: 052300
QUEEN OF THE VALLEY (ESRD) 1000 TRANCAS ST NAPA, CA 94558 INTERMEDIARY NO: 00040 PROVIDER NO: 050005	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 03 CROSS-REFERENCE NO: 052301
UNIVERSITY HOSPITAL UCMD MEDICAL CTR 225 W DICKINSON ST SAN DIEGO, CA 92103 INTERMEDIARY NO: 00040 PROVIDER NO: 050028	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 081677 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 04 CROSS-REFERENCE NO: 052302
GROSSMONT HOSP 8800 GROSSMONT CENTER DR BOX 158 LA MESA, CA 92041 INTERMEDIARY NO: 31001 PROVIDER NO: 050076	APPROVED AS: DIALYSIS CENTER STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 081177 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 04 CROSS-REFERENCE NO: 052303
MOUNT ZION HOSP & MEDICAL CENTER 1600 DIVISADERO ST SAN FRANCISCO, CA 94120 INTERMEDIARY NO: 00040 PROVIDER NO: 050033	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 081577 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 03 CROSS-REFERENCE NO: 052304
SANTA CLARA VALLEY MEDICAL CENTER 751 S BASCOM AVE SAN JOSE, CA 95128 INTERMEDIARY NO: 00040 PROVIDER NO: 050030	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 082277 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 03 CROSS-REFERENCE NO: 052305
PACIFIC MEDICAL CTR-PRESBYTERIAN P.O. BOX 7999 SAN FRANCISCO, CA 94120 INTERMEDIARY NO: 00040 PROVIDER NO: 050047	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 081877 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 03 CROSS-REFERENCE NO: 052307
PROVIDENCE HOSPITAL (ESRD) 3100 SUMMIT ST OAKLAND, CA 94623 INTERMEDIARY NO: 00040 PROVIDER NO: 050053	APPROVED AS: INPATIENT ONLY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 081277 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 03 CROSS-REFERENCE NO: 052308
FRESNO COMM HOSP P.O. BOX 1232 FRESNO, CA 93715 INTERMEDIARY NO: 00040 PROVIDER NO: 050060	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 072881 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 03 CROSS-REFERENCE NO: 052372

STATE=CALIFORNIA CONTINUED

WESTERN MEDICAL CENTER 1001 N. TUSTIN AVE. SANTA ANA, CA 92705 INTERMEDIARY NO: 00040 PROVIDER NO: 050098	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 091777 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 04 CROSS-REFERENCE NO: 052R08
INNOVATIVE DIALYSIS INC. 1487 W LOMITA BLVD HARBOR CITY, CA 90710 INTERMEDIARY NO: 00040 PROVIDER NO: 050099	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 111077 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 04 CROSS-REFERENCE NO: 052R09
RT JOSEPH HOSP HEMODIALYSIS UNIT 1215 W LAVETA AVE ORANGE, CA 92668 INTERMEDIARY NO: 01061 PROVIDER NO: 050099	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 091677 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 04 CROSS-REFERENCE NO: 052R11
KAISER FOUNDATION HOSP 2425 DEARY BLVD SAN FRANCISCO, CA 94115 INTERMEDIARY NO: 01061 PROVIDER NO: 050076	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 040877 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 03 CROSS-REFERENCE NO: 052R12
SAN PEDRO COMM DIALYSIS CTR 921 BUTTE ST SAN PEDRO, CA 90731 INTERMEDIARY NO: 00040 PROVIDER NO: 050078	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 103078 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 04 CROSS-REFERENCE NO: 052R69
ST JOHNS HOSP RED MED CTR RRS NORTH F ST OXNARD, CA 93030 INTERMEDIARY NO: 00040 PROVIDER NO: 050082	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: PERITONEAL TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 080677 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 04 CROSS-REFERENCE NO: 052R1R
HERRICK MEM HOSP 2001 DWIGHT WAY BERKELEY, CA 94704 INTERMEDIARY NO: 00040 PROVIDER NO: 050087	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 040483 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: OR CROSS-REFERENCE NO: 052814
SAN LUIS OBISPO OER HOSP 2180 JOHNSON AVE SAN LUIS OBISPO, CA 93409 INTERMEDIARY NO: 00040 PROVIDER NO: 050088	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 081077 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 04 CROSS-REFERENCE NO: 052815
WHITE MEMORIAL HOSPITAL 1720 BROOKLYN AVE LOS ANGELES, CA 90033 INTERMEDIARY NO: 00040 PROVIDER NO: 050108	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 091779 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 04 CROSS-REFERENCE NO:

STATE=CALIFORNIA CONTINUED

SUTTER OES HOSP-ARTIFICIAL KIDNEY CTR
2820 L STREET
SACRAMENTO, CA 95816
INTERMEDIARY NO: 00040
PROVIDER NO: 050109

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 09
DATE APPROVED: 051877
NUMBER OF DIALYSIS STATIONS: 012
RENAL NETWORK: 05
CROSS-REFERENCE NO: 052316

SANTA MONICA HEMODIALYSIS CTR
2001 SANTA MONICA BLVD N2ROW
SANTA MONICA, CA 90404
INTERMEDIARY NO: 00040
PROVIDER NO: 050115

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 09
DATE APPROVED: 101977
NUMBER OF DIALYSIS STATIONS: 015
RENAL NETWORK: 04
CROSS-REFERENCE NO: 052316

PALOMAR MEM HOSP
550 E OSBORN AVE
ESCONDIDO, CA 92020
INTERMEDIARY NO: 00040
PROVIDER NO: 050110

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 09
DATE APPROVED: 051777
NUMBER OF DIALYSIS STATIONS: 004
RENAL NETWORK: 04
CROSS-REFERENCE NO: 052316

SOUTHRIDGE HOSPITAL FOUNDATION-CON
18810 SORCOE BLVD
SORTHRIDGE, CA 91324
INTERMEDIARY NO: 00040
PROVIDER NO: 050118

APPROVED AS: INPATIENT ONLY
STAFF ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 09
DATE APPROVED: 010178
NUMBER OF DIALYSIS STATIONS: 000
RENAL NETWORK: 04
CROSS-REFERENCE NO: 052520

CHILDRENS HOSP OF LOS ANGELES
4800 SUNSET BLVD
LOS ANGELES, CA 90027
INTERMEDIARY NO: 00040
PROVIDER NO: 050123

APPROVED AS: TRANSPLANT/DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 09
DATE APPROVED: 072877
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 04
CROSS-REFERENCE NO: 052521

VALLEY PRESBYTERIAN HOSPITAL
15107 VANOWEN ST
VAN NUYS, CA 91409
INTERMEDIARY NO: 00040
PROVIDER NO: 050129

APPROVED AS: INPATIENT ONLY
STAFF ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 09
DATE APPROVED: 120178
NUMBER OF DIALYSIS STATIONS: 000
RENAL NETWORK: 04
CROSS-REFERENCE NO: 052322

KAISER FOUNDATION HOSP
4867 SUNSET BLVD
LOS ANGELES, CA 90027
INTERMEDIARY NO: 51081
PROVIDER NO: 050150

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 09
DATE APPROVED: 072877
NUMBER OF DIALYSIS STATIONS: 018
RENAL NETWORK: 04
CROSS-REFERENCE NO: 052525

BROTMAN MEMORIAL HOSPITAL
5620 NUOMES AVENUE
CULVER CITY, CA 90230
INTERMEDIARY NO: 01001
PROVIDER NO: 050144

APPROVED AS: INPATIENT ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 09
DATE APPROVED: 051177
NUMBER OF DIALYSIS STATIONS: 000
RENAL NETWORK: 04
CROSS-REFERENCE NO: 052524

ST FRANCIS MEMORIAL HOSP
900 NTDE ST-808 T755
SAN FRANCISCO, CA 94120
INTERMEDIARY NO: 00040
PROVIDER NO: 000182

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES: PERITONEAL
TRAINING SERVICES: PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 09
DATE APPROVED: 062281
NUMBER OF DIALYSIS STATIONS: 000
RENAL NETWORK: 05
CROSS-REFERENCE NO: 052673

STATE-CALIFORNIA CONTINUED

SAN JOAQUIN GEN HOSP
P.O. BOX 1020
STOCKTON, CA 95201
INTERMEDIARY NO: 00040
PROVIDER NO: 050167

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 09
DATE APPROVED: 090377
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 03
CROSS-REFERENCE NO: 052324

ST MARY MEDICAL CENTER
1050 LINDEN AVE
LONG BEACH, CA 90813
INTERMEDIARY NO: 00040
PROVIDER NO: 050191

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 09
DATE APPROVED: 091177
NUMBER OF DIALYSIS STATIONS: 013
RENAL NETWORK: 04
CROSS-REFERENCE NO: 052320

SOUTH COAST MEDICAL CENTER
31872 COAST HWY
SOUTH LAGUNA, CA 92677
INTERMEDIARY NO: 01061
PROVIDER NO: 050153

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 09
DATE APPROVED: 091777
NUMBER OF DIALYSIS STATIONS: 004
RENAL NETWORK: 04
CROSS-REFERENCE NO: 052324

WASHINGTON HOSP
2000 MOWRY AVE
FREMONT, CA 94538
INTERMEDIARY NO: 00040
PROVIDER NO: 050195

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 09
DATE APPROVED: 081677
NUMBER OF DIALYSIS STATIONS: 011
RENAL NETWORK: 03
CROSS-REFERENCE NO: 052330

OLENDORA COMM HOSP
122 W ALOSTA AVE, #2S
OLENDORA, CA 91740
INTERMEDIARY NO: 00040
PROVIDER NO: 050208

APPROVED AS: INPATIENT ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 09
DATE APPROVED: 080277
NUMBER OF DIALYSIS STATIONS: 000
RENAL NETWORK: 04
CROSS-REFERENCE NO: 052331

VALLEY MEDICAL RENAL CTR
448 S CEDAR AVE
FRESNO, CA 93702
INTERMEDIARY NO: 00040
PROVIDER NO: 050215

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 09
DATE APPROVED: 082677
NUMBER OF DIALYSIS STATIONS: 012
RENAL NETWORK: 03
CROSS-REFERENCE NO: 052332

HOAG MEMORIAL HOSP PRESBYTERIAN
501 NEWPORT BLVD,BOX Y
NEWPORT BEACH, CA 92658
INTERMEDIARY NO: 00040
PROVIDER NO: 050224

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 09
DATE APPROVED: 031280
NUMBER OF DIALYSIS STATIONS: 006
RENAL NETWORK: 04
CROSS-REFERENCE NO: 052366

MEDICAL CTR OF GARDEN GROVE
12601 GARDEN GROVE BLVD.
GARDEN GROVE, CA 92645
INTERMEDIARY NO: 00040
PROVIDER NO: 050250

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 09
DATE APPROVED: 081877
NUMBER OF DIALYSIS STATIONS: 006
RENAL NETWORK: 04
CROSS-REFERENCE NO: 052333

GLENDALE ADVENTIST MED CTR
1509 WILSON TERRACE
GLENDALE, CA 91206
INTERMEDIARY NO: 00040
PROVIDER NO: 050259

APPROVED AS: INPATIENT ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 09
DATE APPROVED: 092679
NUMBER OF DIALYSIS STATIONS: 000
RENAL NETWORK: 04
CROSS-REFERENCE NO: 052366

STATE=CALIFORNIA CONTINUED

SAN BERNARDINO COUNTY MED CTR TBD EAST DILBERT SAN BERNARDINO, CA 92404 INTERMEDIARY RO: 00040 PROVIDER RO: 050245	APPROVED AS: TRANSPLANT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: OR DATE APPROVED: 111851 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 04 CROSS-REFERENCE RO: 052084
NATIVIDAD MEDICAL CENTER P.O. BOX 1611 SALINAS, CA 93901 INTERMEDIARY RO: 0004D PROVIDER RO: 050249	APPROVED AS: DIALYSIS FACILITY-NONP STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 081277 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 05 CROSS-REFERENCE RO: 052338
U C L A NONP CTR FOR HEALTH SCIENCES 10833 LE CONTE AVE LOS ANGELES, CA 90024 INTERMEDIARY RO: 00040 PROVIDER RO: 050252	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: OR DATE APPROVED: 082577 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 04 CROSS-REFERENCE RO: 052638
RIVERSIDE GEN NONP-UNIV MED CENTER 9851 MAGNOLIA AVE RIVERSIDE, CA 92503 INTERMEDIARY RO: 0004D PROVIDER RO: 050252	APPROVED AS: DIALYSIS CENTER STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: PERITONEAL TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 080877 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 04 CROSS-REFERENCE RO: 052350
MERCY NONP 2215 TRUXTUN AVE BAKERSFIELD, CA 93301 INTERMEDIARY RO: 0004D PROVIDER RO: 050258	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 081877 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 04 CROSS-REFERENCE RO: 052339
MILLS MEMORIAL HOSPITAL 100 R RAY MATEO DRIVE SAN MATEO, CA 94401 INTERMEDIARY RO: 0004D PROVIDER RO: 050302	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: OR DATE APPROVED: 031984 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 05 CROSS-REFERENCE RO: 052340
EL CAMINO NONP 2500 GRANT RD MOUNTAIN VIEW, CA 94040 INTERMEDIARY RO: 00040 PROVIDER RO: 050308	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 081277 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 05 CROSS-REFERENCE RO: 052341
LOMA LINDA UNIVERSITY MEDICAL CENTER 11234 ANDERSON ST LOMA LINDA, CA 92354 INTERMEDIARY RO: 0004D PROVIDER RO: 050327	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 081277 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 04 CROSS-REFERENCE RO: 052342
UNIV OF CA-IRVINE MED CTR 101 CITY DRIVE SOUTH ORANGE, CA 92668 INTERMEDIARY RO: 0004D PROVIDER RO: 050340	APPROVED AS: TRANSPLANT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 070183 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 04 CROSS-REFERENCE RO: 052343

STATE=CALIFORNIA CONTINUED

LOS ANGELES COUNTY USC MEDICAL CENTER 1200 N STATE ST LOS ANGELES, CA 90033 INTERMEDIARY NO: 00040 PROVIDER NO: 050373	APPROVED AS: TRANSPLANT ONLY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 020184 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 04 CROSS-REFERENCE NO: 052344
L A CO HARBOR-UCLA MED CTR 1000 W CARSON ST TORRANCE, CA 90509 INTERMEDIARY NO: 00040 PROVIDER NO: 050376	APPROVED AS: TRANSPLANT ONLY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 071077 NUMBER OF DIALYSIS STATIONS: 00A RENAL NETWORK: 04 CROSS-REFERENCE NO: 052340
STANFORD UNIVERSITY HEMODIALYSIS ROOM SHC-I STANFORD, CA 94301 INTERMEDIARY NO: 00040 PROVIDER NO: 050441	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 090877 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 03 CROSS-REFERENCE NO: 052360
UNIVERSITY OF CALIF AT SAN FRARCISCO UC MOFFITT ROOM 884 SAN FRARCISCO, CA 94143 INTERMEDIARY NO: 00040 PROVIDER NO: 050454	APPROVED AS: TRANSPLANT ONLY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 022280 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 03 CROSS-REFERENCE NO: 052351
MT DIABLO HOSP MED CTR 2540 EAST ST CONCORD, CA 94520 INTERMEDIARY NO: 00040 PROVIDER NO: 050496	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALTSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 081677 NUMBER OF DIALYSIS STATIONS: 024 RENAL NETWORK: 03 CROSS-REFERENCE NO: 052364
ST VINCENT MEDICAL CENTER 2131 W 3RD ST LOS ANGELES, CA 90057 INTERMEDIARY NO: 00040 PROVIDER NO: 050502	APPROVED AS: TRANSPLANT ONLY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 061777 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 04 CROSS-REFERENCE NO: 052366
LOS ROBLES REGIONAL MEDICAL CENTER 216 WEST JANSS RD THOUSAND OAKS, CA 91360 INTERMEDIARY NO: 51051 PROVIDER NO: 050649	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 081177 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 04 CROSS-REFERENCE NO: 052566
MISSION DIALYSIS, INC 27802 PUERTA REAL HWY MISSION VIEJO, CA 92691 INTERMEDIARY NO: 00040 PROVIDER NO: 050557	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 060184 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 04 CROSS-REFERENCE NO: 052360
MARTIN LUTHER KING JR OEN HOSP 12021 S WILMINGTON AVE LOS ANGELES, CA 90059 INTERMEDIARY NO: 00040 PROVIDER NO: 050578	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 061177 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 04 CROSS-REFERENCE NO: 052369

STATE-CALIFORNIA CONTINUED

DOCTORS HOSP OF LAKEWOOD 5700 E SOUTH ST LAKEWOOD, CA 90712 INTERMEDIARY NO: 01001 PROVIDER NO: 050081	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 071077 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 04 CROSS-REFERENCE NO: 052550
UNIV OF CA DAVIS - MED CTR 2315 STOCKTON BLVD SACRAMENTO, CA 95817 INTERMEDIARY NO: 00040 PROVIDER NO: 050595	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 010184 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 05 CROSS-REFERENCE NO: 052551
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048 INTERMEDIARY NO: 00040 PROVIDER NO: 050128	APPROVED AS: TRANSPLANT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 021884 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 04 CROSS-REFERENCE NO: 052554
OMA OF SAN DIEGO 5590 THIRD AVE SAN DIEGO, CA 92108 INTERMEDIARY NO: 00040 PROVIDER NO: 052500	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 061177 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 04 CROSS-REFERENCE NO:
BIO MED CORP DIALYSIS CTR 9850 SANTA MONICA BLVD BEVERLY HILLS, CA 90210 INTERMEDIARY NO: 00040 PROVIDER NO: 052501	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 080477 NUMBER OF DIALYSIS STATIONS: 021 RENAL NETWORK: 04 CROSS-REFERENCE NO:
SIDNEY DIALYSIS CARE UNITS 5600 E CENTURY BLVD LYNWOOD, CA 90262 INTERMEDIARY NO: 00040 PROVIDER NO: 052502	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 051677 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 04 CROSS-REFERENCE NO:
NEOPHSON INC 2081 E CERRITOS AVENUE ANAHEIM, CA 92806 INTERMEDIARY NO: 00040 PROVIDER NO: 052506	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 051177 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 04 CROSS-REFERENCE NO:
RENAL HYDRONICS, INC 16428 SUNSANK BLVD B411 TARZANA, CA 91356 INTERMEDIARY NO: 00040 PROVIDER NO: 052504	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 04 CROSS-REFERENCE NO:
ARTIFICIAL KIDNEY FOUNDATION OF CA INC 1680 ROMNEYA DR-BOX 5287 ANAHEIM, CA 92801 INTERMEDIARY NO: 00040 PROVIDER NO: 052508	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 051577 NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 04 CROSS-REFERENCE NO:

STATE-CALIFORNIA CONTINUED

COMMUNITY HEMODIALYSIS OF SF 1500 HAIGHT ST SAN FRANCISCO, CA 94117 INTERMEDIARY NO: 00040 PROVIDER NO: 052507	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PNOFIT	HCFA REGION: 09 DATE APPROVED: 050877 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 0N CROSS-REFERENCE NO:
BMA OF LOS ANGELES INC 1128 WEST CANSON ST TORRANCE, CA 90502 INTERMEDIARY NO: 00040 PROVIDER NO: 052508	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 080877 NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 04 CROSS-REFERENCE NO:
USHAWL, INC.-TEMPLE 2725 W TEMPLE ST LOS ANGELES, CA 90026 INTERMEDIARY NO: 00040 PROVIDER NO: 052509	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CANE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 072577 NUMBER OF DIALYSIS STATIONS: 035 RENAL NETWORK: 04 CROSS-REFERENCE NO:
ALTA BATES CHRONIC DIALYSIS CLINIC 2920 TELEGRAPH AVE BERKELEY, CA 94705 INTERMEDIARY NO: 00040 PROVIDER NO: 052511	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 061877 NUMBER OF DIALYSIS STATIONS: 026 RENAL NETWORK: 03 CROSS-REFERENCE NO:
SANTA BARBARA COMM DIALYSIS CENTER 222 PESETAS LANE SANTA BARBARA, CA 93110 INTERMEDIARY NO: 00040 PROVIDER NO: 052515	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 081077 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 04 CROSS-REFERENCE NO:
SATELLITE DIALYSIS CENTER 1175 SARATOGA AVE #14 SAN JOSE, CA 95129 INTERMEDIARY NO: 00040 PROVIDER NO: 052514	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 081077 NUMBER OF DIALYSIS STATIONS: 017 RENAL NETWORK: 03 CROSS-REFERENCE NO:
LOS ALAMITOS HEMODIALYSIS CENTER 3510 KATELLA AVENUE SUITE 401 LOS ALAMITOS, CA 90720 INTERMEDIARY NO: 51051 PROVIDER NO: 052516	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 051577 NUMBER OF DIALYSIS STATIONS: 024 RENAL NETWORK: 04 CROSS-REFERENCE NO:
USHAWL INC-DOCTOR'S 705 E 32ND ST LOS ANGELES, CA 90011 INTERMEDIARY NO: 00040 PROVIDER NO: 052516	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 081577 NUMBER OF DIALYSIS STATIONS: 042 RENAL NETWORK: 04 CROSS-REFERENCE NO:
USHAWL INC-WESTSIDE 934 SOUTH FAIRFAX AVE LOS ANGELES, CA 90036 INTERMEDIARY NO: 00040 PROVIDER NO: 052517	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 051077 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 04 CROSS-REFERENCE NO:

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DMA-BAKERSFIELD 2451 F STREET BAKERSFIELD, CA 93301 INTERMEDIARY NO: 00040 PROVIDER NO: 052618	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 080277 NUMBER OF DIALYSIS STATIONS: 025 RENAL NETWORK: 04 CROSS-REFERENCE NO:
DMA WHITTIER 12401 EAST WASHINGTON BLVD WHITTIER, CA 90602 INTERMEDIARY NO: 00040 PROVIDER NO: 052619	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 080377 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 04 CROSS-REFERENCE NO:
COS OF ANTELOPE VALLEY 44203 N 15TH ST WEST LANCASTER, CA 95534 INTERMEDIARY NO: 00040 PROVIDER NO: 052621	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 080577 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 04 CROSS-REFERENCE NO:
COMPTON COMMUNITY HEMODIALYSIS CENTER 726 W COMPTON BLVD COMPTON, CA 90220 INTERMEDIARY NO: 81081 PROVIDER NO: 052622	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 080377 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 04 CROSS-REFERENCE NO:
DMA-LONG BEACH 1048 ATLANTIC AVE NO 108 LONG BEACH, CA 90813 INTERMEDIARY NO: 00040 PROVIDER NO: 052623	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 080577 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 04 CROSS-REFERENCE NO:
COMMUNITY HEMODIALYSIS UNIT 3327 CHANATE RD SANTA ROSA, CA 95404 INTERMEDIARY NO: 00040 PROVIDER NO: 052624	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 081877 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 03 CROSS-REFERENCE NO:
NORTH COUNTY DIALYSIS CTR 130 SOUTH ESCONDIDO ST ESCONDIDO, CA 92025 INTERMEDIARY NO: 00040 PROVIDER NO: 052625	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 042277 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 04 CROSS-REFERENCE NO:
COMMUNITY HEMODIALYSIS UNIT NUMBER 5 5 BON AIR RD SUITE 119 LARKSPUR, CA 94939 INTERMEDIARY NO: 00040 PROVIDER NO: 052626	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 081877 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 03 CROSS-REFERENCE NO:
FRESNO DIALYSIS CLINIC 5000 EAST UNIVERSITY FRESNO, CA 93627 INTERMEDIARY NO: 00040 PROVIDER NO: 052627	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 080277 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 03 CROSS-REFERENCE NO:

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NEW WEST DIALYSIS 1355 COURT ST. SUITE A REDDING, CA 96002 INTERMEDIARY NO: 00040 PROVIDER NO: 052523	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 080277 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 03 CROSS-REFERENCE NO:
COMMUNITY DIALYSIS SVCS-SAN FERNANDO 12990 BRANFORD UNIT P PACOIMA, CA 91331 INTERMEDIARY NO: 00040 PROVIDER NO: 052529	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 072277 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 04 CROSS-REFERENCE NO:
NEW WEST DIALYSIS 300 UNIVERSITY AVE #101 SACRAMENTO, CA 95825 INTERMEDIARY NO: 00040 PROVIDER NO: 052530	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 051977 NUMBER OF DIALYSIS STATIONS: 026 RENAL NETWORK: 05 CROSS-REFERENCE NO:
SATELLITE DIALYSIS CENTER 1329 SPANOS CT,BLDG D MODESTO, CA 95355 INTERMEDIARY NO: 00040 PROVIDER NO: 052531	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 001077 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 03 CROSS-REFERENCE NO:
RIVERSIDE-SAN BERNARDINO HEMO UNIT 4000 FOURTEENTH ST - SUITE 204 RIVERSIDE, CA 92501 INTERMEDIARY NO: 00040 PROVIDER NO: 052532	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 001277 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 04 CROSS-REFERENCE NO:
SWA DIALYSIS OF OAKLAND 3100 SUMMIT ST SO. BLDG. OAKLAND, CA 94609 INTERMEDIARY NO: 00040 PROVIDER NO: 052534	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 081677 NUMBER OF DIALYSIS STATIONS: 034 RENAL NETWORK: 03 CROSS-REFERENCE NO:
ARTIFICIAL KIDNEY MED CLINIC 2350 N CALIFORNIA ST STOCKTON, CA 95204 INTERMEDIARY NO: 00040 PROVIDER NO: 052535	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 081277 NUMBER OF DIALYSIS STATIONS: 017 RENAL NETWORK: 03 CROSS-REFERENCE NO:
BIO-MEDICAL CORP DIAL UNIT OF S BAY 505 W 28TH ST NATIONAL CITY, CA 92050 INTERMEDIARY NO: 00040 PROVIDER NO: 052536	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 081277 NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 04 CROSS-REFERENCE NO:
COMMUNITY DIALYSIS SVCS-INGLEWOOD 501 E HARDY ST #100 INGLEWOOD, CA 90307 INTERMEDIARY NO: 00040 PROVIDER NO: 052536	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 051677 NUMBER OF DIALYSIS STATIONS: 030 RENAL NETWORK: 04 CROSS-REFERENCE NO:

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LAKEWOOD COMM DIALYSIS UNIT 4151 E SOUTH ST LAKEWOOD, CA 90712 INTERMEDIARY NO: 51051 PROVIDER NO: 052586	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 060477 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 04 CROSS-REFERENCE NO:
EAST BAY DIALYSIS 21316 FOOTHILL BLVD HAYWARD, CA 94541 INTERMEDIARY NO: 00040 PROVIDER NO: 052540	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 051877 NUMBER OF DIALYSIS STATIONS: 024 RENAL NETWORK: 03 CROSS-REFERENCE NO:
DESERT DIALYSIS MEDICAL CLINIC INC 345 TACHEVAH ST,DRIVE OR PALM SPRINGS, CA 92262 INTERMEDIARY NO: 00040 PROVIDER NO: 052541	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: OR DATE APPROVED: 051577 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 04 CROSS-REFERENCE NO:
SEVERLY DIALYSIS 100 W HARDING ST MONTEBELLO, CA 90640 INTERMEDIARY NO: 00040 PROVIDER NO: 052542	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 080877 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 04 CROSS-REFERENCE NO:
BMA OF EUREKA-ARCATA 2701 HARRISON AVENUE EUREKA, CA 95501 INTERMEDIARY NO: 00040 PROVIDER NO: 052543	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 081777 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 05 CROSS-REFERENCE NO:
CULVER CITY DIALYSIS SERVICES 9808 VERICE BLVD STE 500 CULVER CITY, CA 90250 INTERMEDIARY NO: 00040 PROVIDER NO: 052544	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 081477 NUMBER OF DIALYSIS STATIONS: 019 RENAL NETWORK: 04 CROSS-REFERENCE NO:
CLINISHARE DIALYSIS NETWORK-NORTHRIDGE 18518 ROSCOE BLVD NORTHRIDGE, CA 91324 INTERMEDIARY NO: 00040 PROVIDER NO: 052545	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 051577 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 04 CROSS-REFERENCE NO:
COMMUNITY DIALYSIS SERVICES 1498 SOUTHGATE AVE DALY CITY, CA 94015 INTERMEDIARY NO: 00040 PROVIDER NO: 052546	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 017 RENAL NETWORK: 03 CROSS-REFERENCE NO:
BURTEC HEMODIALYSIS UNIT 9870 GERESEE AVE LAJOLLA, CA 92037 INTERMEDIARY NO: 00040 PROVIDER NO: 052547	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 082577 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 04 CROSS-REFERENCE NO:

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BMA - UKIAH HEMODIALYSIS 620 S DORA ST - SUITE 101 UKIAH, CA 95482 INTERMEDIARY NO: 00040 PROVIDER NO: 052548	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 072877 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 03 CROSS-REFERENCE NO:
VALLEY DIALYSIS ASSOC INC. 501 S. BUENA VISTA STREET BURBANK , CA 91505 INTERMEDIARY NO: 00040 PROVIDER NO: 052549	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 080577 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 04 CROSS-REFERENCE NO:
LOMA LINDA DIALYSIS SERVICES 11375 ANDERSON STREET LOMA LINDA, CA 92354 INTERMEDIARY NO: 00040 PROVIDER NO: 052550	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 120277 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 04 CROSS-REFERENCE NO:
SATELLITE DIALYSIS 770 WELCH RD #280 PALO ALTO, CA 94304 INTERMEDIARY NO: 00040 PROVIDER NO: 052551	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 120877 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 03 CROSS-REFERENCE NO:
DIALYSIS CENTER OF UPLAND 600 N 13TH AVENUE UPLAND, CA 91785 INTERMEDIARY NO: 00040 PROVIDER NO: 052552	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 042878 NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 04 CROSS-REFERENCE NO:
NEW WEST DIALYSIS 262 COHASSET LANE CHICO, CA 95926 INTERMEDIARY NO: 00040 PROVIDER NO: 052553	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 082278 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 03 CROSS-REFERENCE NO:
VALLEY PRESBYTERIAN COMM DIALYSIS 16149 HART ST VAN NUYS, CA 91406 INTERMEDIARY NO: 51051 PROVIDER NO: 052554	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 120178 NUMBER OF DIALYSIS STATIONS: 015 RENAL NETWORK: 04 CROSS-REFERENCE NO:
SANTA CRUZ COMM DIALYSIS 2128 SOQUEL AVE SANTA CRUZ, CA 95062 INTERMEDIARY NO: 00040 PROVIDER NO: 052555	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 012679 NUMBER OF DIALYSIS STATIONS: 017 RENAL NETWORK: 03 CROSS-REFERENCE NO:
TORRANCE COMMUNITY HEMODIALYSIS UNIT 9295 SKYPARK DRIVE TORRANCE, CA 90505 INTERMEDIARY NO: 00040 PROVIDER NO: 052556	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 122778 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 04 CROSS-REFERENCE NO:

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OLENDALE HEMODIALYSIS FACILITY 1550 E. CHEVY CHASE DR., # 190 OLENDALE, CA 91208 INTERMEDIARY NO: 00040 PROVIDER NO: 052557	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 080179 NUMBER OF DIALYSIS STATIONS: 015 RENAL NETWORK: 04 CROSS-REFERENCE ND:
HOLY CROSS RENAL CENTER 14958 RINALDI ST, #101 MISSION HILLS, CA 91345 INTERMEDIARY NO: 00040 PROVIDER NO: 052666	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 120179 NUMBER OF DIALYSIS STATIONS: 015 RENAL NETWORK: 04 CROSS-REFERENCE ND:
CLINISHARE DIALYSIS NETWORK 16550 NORCOE BLVD NORTHRIDGE, CA 91325 INTERMEDIARY NO: 00040 PROVIDER NO: 052565	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 042880 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 04 CROSS-REFERENCE ND:
WEST CONTRA COSTA DIALYSIS 14020 SAN PABLO AVE SAN PABLO, CA 94806 INTERMEDIARY NO: 00040 PROVIDER NO: 052580	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 042580 NUMBER OF DIALYSIS STATIONS: 015 RENAL NETWORK: 03 CROSS-REFERENCE ND:
CDS-VICTOR VALLEY DEL RIO PLAZA 18065 - HWY 18 APPLE VALLEY, CA 92307 INTERMEDIARY NO: 00040 PROVIDER NO: 052661	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 073080 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 04 CROSS-REFERENCE ND:
CLINISHARE DIALYSIS NETWORK-PASADENA 1845 NORTH FAIROAKS AVE PASADENA, CA 91103 INTERMEDIARY NO: 00040 PROVIDER NO: 052689	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 050980 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 04 CROSS-REFERENCE ND:
NEW WEST DIALYSIS CLINIC-YUBA CITY 1007 LIVE OAK BLVD YUBA CITY, CA 95991 INTERMEDIARY NO: 00040 PROVIDER NO: 052688	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 080480 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 03 CROSS-REFERENCE ND:
OAKFIELD HEMODIALYSIS CENTER 110 MILLIARD AVE MONTEREY PARK, CA 91754 INTERMEDIARY NO: 51081 PROVIDER NO: 052694	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 091280 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 04 CROSS-REFERENCE NO:
NAPA VALLEY COMMUNITY DIALYSIS 1100 TRANCAS ST SUITE 207 NAPA, CA 94559 INTERMEDIARY NO: 00040 PROVIDER NO: 052698	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 101580 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 03 CROSS-REFERENCE ND:

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OLENDORA ARTIFICIAL KIDNEY CTR 130 W ALOSTA AVE 0314 OLENDORA, CA 91740 INTERMEDIARY NO: 00040 PROVIDER NO: 052599	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 08 DATE APPROVED: 080180 NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 04 CROSS-REFERENCE RO:
COMMUNITY DIALYSIS SERVICE 123 HOSPITAL DR VALLEJO, CA 54590 INTERMEDIARY NO: 00040 PROVIDER NO: 052587	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 080790 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 05 CROSS-REFERENCE NO:
EAST BAY DIALYSIS MEDICAL CLINIC 110030 OUBLIN BLVD S100 OUBLIN, CA 54565 INTERMEDIARY NO: 00040 PROVIDER NO: 052860	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 021081 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 03 CROSS-REFERENCE NO:
NEW WEST DIALYSIS -S. SACRAMENTO 7000 FRANKLIN BLVD STE 880 SACRAMENTO, CA 95825 INTERMEDIARY NO: 00040 PROVIDER NO: 052899	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 121980 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 05 CROSS-REFERENCE RO:
COMMUNITY DIALYSIS 520 COTTONWOOD ST,SUITE 12 WOODLAND, CA 95695 INTERMEDIARY NO: 00040 PROVIDER NO: 052870	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 122580 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 03 CROSS-REFERENCE NO:
EAST BAY DIALYSIS 10 UNION SQUARE BLVD - 8L00 S UNION CITY, CA 94587 INTERMEDIARY NO: 00040 PROVIDER NO: 052571	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 052051 NUMBER OF DIALYSIS STATIONS: 015 RENAL NETWORK: 05 CROSS-REFERENCE RO:
SATELLITE DIALYSIS 2121 ALEXIAN DR 0116 SAN JOSE, CA 55116 INTERMEDIARY NO: 00040 PROVIDER NO: 052572	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 052581 NUMBER OF DIALYSIS STATIONS: 013 RENAL NETWORK: 03 CROSS-REFERENCE NO:
VALERCIA RENAL CTR 2505I W MCBEAN PKWY, 0EII VALERCIA, CA 01355 INTERMEDIARY NO: 00040 PROVIDER NO: 052573	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 072981 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 04 CROSS-REFERENCE NO:
ONEATER OOWNEY DIALYSIS CTR 8530 FLORENCE AVE OOWNEY, CA 50240 INTERMEDIARY NO: 61051 PROVIDER NO: 052574	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 05 DATE APPROVED: 053181 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 04 CROSS-REFERENCE NO:

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SAN BERNARDINO VALLEY REN 1600 N WATERMAN AVE SAN BERNARDINO, CA 92404 INTERMEDIARY NO: 00040 PROVIDER NO: 052076	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 111581 NUMBER OF DIALYSIS STATIONS: 015 RENAL NETWORK: 04 CROSS-REFERENCE NO:
ARTIFICIAL KIDNEY CTR 7927 OSTROW ST SAN DIEGO, CA 92117 INTERMEDIARY NO: 00040 PROVIDER NO: 052076	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 111381 NUMBER OF DIALYSIS STATIONS: 015 RENAL NETWORK: 04 CROSS-REFERENCE NO:
EAST L A KIDNEY CTR 5260 E POMONA BLVD LOS ANGELES, CA 90022 INTERMEDIARY NO: 00040 PROVIDER NO: 052077	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 122381 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 04 CROSS-REFERENCE NO:
ROSEVILLE HEMODIALYSIS 210 HARDING BLVD ROSEVILLE, CA 95678 INTERMEDIARY NO: 00040 PROVIDER NO: 052078	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 011582 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 03 CROSS-REFERENCE NO:
CONEJO VALLEY RENAL CENTER 227 W JANSS RD #268 THOUSAND OAKS, CA 91360 INTERMEDIARY NO: 00040 PROVIDER NO: 052079	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 121481 NUMBER OF DIALYSIS STATIONS: 015 RENAL NETWORK: 04 CROSS-REFERENCE NO:
COVINA COMMUNITIES HEMODIALYSIS CTR 1547 W GARVEY AVE WEST COVINA, CA 91791 INTERMEDIARY NO: 51081 PROVIDER NO: 052080	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 011482 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 04 CROSS-REFERENCE NO:
BEACH CITIES DIALYSIS 2015 W REDONDO BEACH BLVD,#E GARDENA, CA 90247 INTERMEDIARY NO: 00040 PROVIDER NO: 052081	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 080582 NUMBER OF DIALYSIS STATIONS: 013 RENAL NETWORK: 04 CROSS-REFERENCE NO:
ST VINCENT DIALYSIS CTR INC 201 S ALVARADO ST #220 LOS ANGELES, CA 90057 INTERMEDIARY NO: 00040 PROVIDER NO: 052082	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 090182 NUMBER OF DIALYSIS STATIONS: 017 RENAL NETWORK: 04 CROSS-REFERENCE NO:
NEW WEST DIALYSIS 3785 VIA NONA MARIE CARMEL, CA 93923 INTERMEDIARY NO: 00040 PROVIDER NO: 052083	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 080582 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 03 CROSS-REFERENCE NO:

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DIALYSIS CENTER OF COUNTY MERCED 200 E 15TH ST MERCED, CA 95340 INTERMEDIARY NO: 00040 PROVIDER NO: 052554	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 110882 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 03 CROSS-REFERENCE NO:
CLINISHARE DIALYSIS NETWORK-VAN NUYS 14524 SHERMAN WAY #105 VAN NUYS, CA 91405 INTERMEDIARY NO: 00040 PROVIDER NO: 052585	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 020183 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 04 CROSS-REFERENCE NO:
BMA OF ALAMEDA COUNTY INC 10700 MACARTHUR BLVD #14 OAKLAND, CA 94605 INTERMEDIARY NO: 00040 PROVIDER NO: 052555	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 032383 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 03 CROSS-REFERENCE NO:
BAYSIDE DIALYSIS CLINIC 2001 OWIGHT WAY BERKELEY, CA 94704 INTERMEDIARY NO: 00040 PROVIDER NO: 052587	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 040403 NUMBER OF DIALYSIS STATIONS: 023 RENAL NETWORK: 03 CROSS-REFERENCE NO:
SAN FERNANDO WEST KIDNEY DIALYSIS 7230 MEDICAL CENTER DR CANOGA PARK, CA 91307 INTERMEDIARY NO: 00040 PROVIDER NO: 052588	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 061883 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 04 CROSS-REFERENCE NO:
UC IRVINE RENAL DIALYSIS CENTER 101 CITY DR SOUTH BLDG 24 ORANGE, CA 92668 INTERMEDIARY NO: 00040 PROVIDER NO: 052589	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 070183 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 04 CROSS-REFERENCE NO:
MLK KIDNEY CENTER 11859 COMPTON AVE LOS ANGELES, CA 90059 INTERMEDIARY NO: 00040 PROVIDER NO: 052590	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 071983 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 04 CROSS-REFERENCE NO:
DIALYSIS CENTER OF POMONA 800 N PARK AVE POMONA, CA 91768 INTERMEDIARY NO: 51051 PROVIDER NO: 052591	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 071883 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 04 CROSS-REFERENCE NO:
WHITTIER DIALYSIS CENTER 10156 COLIMA RD WHITTIER, CA 90603 INTERMEDIARY NO: 00040 PROVIDER NO: 052592	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 072883 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 04 CROSS-REFERENCE NO:

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CDS-FOUNTAIN VALLEY 17197 NEWHOPE AVE FOUNTAIN VALLEY, CA 92708 INTERMEDIARY NO: 00040 PROVIDER NO: 052588	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 051685 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 04 CROSS-REFERENCE NO:
CDS-SAN PEDRO COMMUNITY DIALYSIS 521 BUTTE ST SAN PEDRO, CA 90731 INTERMEDIARY NO: 00040 PROVIDER NO: 052584	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 103070 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 04 CROSS-REFERENCE NO:
USC OUTPATIENT DIALYSIS CENTER 1200 N STATE ST LOS ANGELES, CA 90033 INTERMEDIARY NO: 00040 PROVIDER NO: 052588	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 122382 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 04 CROSS-REFERENCE NO:
ORANGE COUNTY DIALYSIS 5058 W ORANGE AVE ANAHEIM, CA 92804 INTERMEDIARY NO: 00040 PROVIDER NO: 052096	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 080184 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 04 CROSS-REFERENCE NO:
MISSION DIALYSIS INC 27000 MEDICAL CENTER RD 9450 MISSION VIEJO, CA 92691 INTERMEDIARY NO: 00040 PROVIDER NO: 052597	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 080184 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 04 CROSS-REFERENCE NO:
CDS - LA BREA 101 N LA BREA BLVD INGLEWOOD, CA 90301 INTERMEDIARY NO: 00040 PROVIDER NO: 052098	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 080584 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 04 CROSS-REFERENCE NO:
BEVERLY HILLS DIALYSIS CTR 8762 W PICO BLVD LOS ANGELES, CA 90035 INTERMEDIARY NO: 00040 PROVIDER NO: 052099	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 010184 NUMBER OF DIALYSIS STATIONS: 017 RENAL NETWORK: 04 CROSS-REFERENCE NO:
SATELLITE DIALYSIS CTR 5895 WINFIELD BLVD,#200 SAN JOSE, CA 95123 INTERMEDIARY NO: 00040 PROVIDER NO: 052600	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 091884 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 03 CROSS-REFERENCE NO:
LAKE COUNTY DIALYSIS 800 11TH ST NO 2 LAKEPORT, CA 95456 INTERMEDIARY NO: 00040 PROVIDER NO: 052601	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 091784 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 03 CROSS-REFERENCE NO:

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SALINAS VALLEY DIALYSIS SVCS INC 250 SAN JOSE ST SALINAS, CA 93901 INTERMEDIARY NO: 00040 PROVIDER NO: 052002	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 100304 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 03 CROSS-REFERENCE NO:
TRI-CITY HOSP REGIONAL DX CTR 4010 VISTA WAY OCEAN SIDE, CA 92054 INTERMEDIARY NO: 00040 PROVIDER NO: 052003	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 101204 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 04 CROSS-REFERENCE NO:
NEW WEST DIALYSIS CLINIC 5120 MANZANITA AVE #150 CARMICHAEL, CA 95608 INTERMEDIARY NO: 00040 PROVIDER NO: 052004	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 090854 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 03 CROSS-REFERENCE NO:
WEST VALLEY DIALYSIS CTR 14561 S BASCOM AVE #100 LOS GATOS, CA 95030 INTERMEDIARY NO: 00040 PROVIDER NO: 052600	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 100204 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 03 CROSS-REFERENCE NO:
SANTA BARBARA ARTIFICIAL KIDNEY CTR 514 W PUEBLO ST SANTA BARBARA, CA 93105 INTERMEDIARY NO: 00040 PROVIDER NO: 052005	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 111504 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 04 CROSS-REFERENCE NO:
WATSONVILLE COMM DIALYSIS 40 PENNY LANE, BLDG D WATSONVILLE, CA 95075 INTERMEDIARY NO: 00040 PROVIDER NO: 052007	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 111804 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 03 CROSS-REFERENCE NO:
COMMUNITY DIALYSIS SVCS OF FRESNO 4720 W JENNIFER, STE 105-110 FRESNO, CA 93711 INTERMEDIARY NO: 00040 PROVIDER NO: 052008	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 072004 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 03 CROSS-REFERENCE NO:
SATELLITE DIALYSIS CENTER 155 COLUMBIA WAY SONORA, CA 95370 INTERMEDIARY NO: 00040 PROVIDER NO: 052600	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 110504 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 03 CROSS-REFERENCE NO:
PIEDMONT DIALYSIS INC 4541 PIEDMONT AVE OAKLAND, CA 94611 INTERMEDIARY NO: 00040 PROVIDER NO: 052010	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 011485 NUMBER OF DIALYSIS STATIONS: 015 RENAL NETWORK: 05 CROSS-REFERENCE NO:

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SATELLITE DIALYSIS CENTER INC 545 CONVENTION WAY SUITE C REDWOOD CITY, CA 94063 INTERMEDIARY NO: 00040 PROVIDER NO: 052811	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITOREAL SELF-CARE SERVICES: HEMODIALYSIS PERITOREAL TRAINING SERVICES: HEMODIALYSIS PERITOREAL TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 110584 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 06 CROSS-REFERENCE NO:
CENTRAL VALLEY RURAL DIALYSIS 8700 S MERCEDES AVE PARLIER, CA 93648 INTERMEDIARY NO: 00040 PROVIDER NO: 052812	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 020486 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 03 CROSS-REFERENCE NO:
EATON CANYON DIALYSIS CTR 2562 E WASHINGTON BLVD PASADENA, CA 91107 INTERMEDIARY NO: 00040 PROVIDER NO: 052819	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 022086 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 04 CROSS-REFERENCE NO:
GOLD COUNTRY DIALYSIS CTR 11120 EDUCATION ST AUBURN, CA 95603 INTERMEDIARY NO: 00040 PROVIDER NO: 052814	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 020586 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 03 CROSS-REFERENCE NO:
NAPA DIALYSIS CLINIC 3290 BEARD RD NAPA, CA 94558 INTERMEDIARY NO: 00040 PROVIDER NO: 052815	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITOREAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 032586 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 03 CROSS-REFERENCE NO:
YOSEMITE SATELLITE DIALYSIS CTR YOSEMITE LODGE YOSEMITE NAT PK, CA 95389 INTERMEDIARY NO: 00040 PROVIDER NO: 052816	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 030885 NUMBER OF DIALYSIS STATIONS: 003 RENAL NETWORK: 03 CROSS-REFERENCE NO:
FAIRFIELD DIALYSIS CLINIC 1710 PENNSYLVANIA AVE SC FAIRFIELD, CA 94533 INTERMEDIARY NO: 00040 PROVIDER NO: 052818	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 032986 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 03 CROSS-REFERENCE NO:
55 CORDOVA DIALYSIS UNIT 55 CORDOVA ST PASADENA, CA 91105 INTERMEDIARY NO: 00040 PROVIDER NO: 052819	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITOREAL SELF-CARE SERVICES: HEMODIALYSIS PERITOREAL TRAINING SERVICES: HEMODIALYSIS PERITOREAL TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 030885 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 04 CROSS-REFERENCE NO:
HEMET VALLEY HEMODIALYSIS CTR 1380 SOUTH STATE ST SAN JACINTO, CA 92383 INTERMEDIARY NO: 00040 PROVIDER NO: 052820	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 030586 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 04 CROSS-REFERENCE NO:

STATE=CALIFORNIA CONTINUED

SREA DIALYSIS INC 555 TAMASACK AVE BREA, CA 92821 INTERMEDIARY NO: 00040 PROVIDER NO: 052821	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 0515RS NUMBER OF DIALYSIS STATIONS: 015 RENAL NETWORK: 04 CROSS-REFERENCE NO:
WHITE MEMORIAL KIDNEY CENTER 1720 BROOKLYN AVE LOS ANGELES, CA 90033 INTERMEDIARY NO: 00040 PROVIDER NO: 052822	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 0411SR NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 04 CROSS-REFERENCE NO:
SAN FRANCISCO PERITONEAL DIALYSIS 2351 CLAY ST,#505 SAN FRANCISCO, CA 94115 INTERMEDIARY NO: 00040 PROVIDER NO: 052823	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 0505RS NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: OR CROSS-REFERENCE NO:
LOS ANGELES DIALYSIS TRAINING CTR 2060 CENTURY PART EAST, STE 18 LOS ANGELES, CA 90067 INTERMEDIARY NO: 00040 PROVIDER NO: 052825	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 0724RS NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 04 CROSS-REFERENCE NO:
CDH-LA PALMA 5451 LA PALMA AVE LA PALMA, CA 90625 INTERMEDIARY NO: 00040 PROVIDER NO: 052827	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 0711SS NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 04 CROSS-REFERENCE NO:
SACRED HEART DIALYSIS CENTER 500 NORTH DOUTY HANFORD, CA 93230 INTERMEDIARY NO: 00040 PROVIDER NO: 052828	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 0805SS NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 04 CROSS-REFERENCE NO:
SATELLITE DIALYSIS 529 EAST LELAND RD PITTSBURG, CA 94565 INTERMEDIARY NO: 00040 PROVIDER NO: 052829	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 0829SS NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 03 CROSS-REFERENCE NO:
WILSHIRE DIALYSIS CENTER 1212 WILSHIRE BLVD LOS ANGELES, CA 90017 INTERMEDIARY NO: 00040 PROVIDER NO: 052831	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 0909SS NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 04 CROSS-REFERENCE NO:
CDS - GLENDALE 1000 EAST PALMER GLENDALE, CA 91205 INTERMEDIARY NO: 00040 PROVIDER NO: 052832	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 0913SS NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 04 CROSS-REFERENCE NO:

STATE=CALIFORNIA CONTINUED

UNIVERSITY OF CA GENERAL CTR 1001 POTRERO AVENUE BUILDING 100 SAN FRANCISCO, CA 94110 INTERMEDIARY NO: 00040 PROVIDER NO: 055800	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 081877 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 08 CROSS-REFERENCE NO:
U. C. PEDIATRIC RENAL CENTER 400 PARNASSUS AVE - RM 275 SAN FRANCISCO, CA 94143 INTERMEDIARY NO: 00040 PROVIDER NO: 05N801	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: PERITONEAL TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 080977 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 08 CROSS-REFERENCE NO:
PIONEERS MEM HOSP RDIAL UNIT 207 W LEDIOR RD BRAWLEY, CA 92227 INTERMEDIARY NO: 00040 PROVIDER NO: 055805	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 081277 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 04 CROSS-REFERENCE NO:
OHO DIALYSIS CTR 888 BROADWAY EL CAJON, CA 92020 INTERMEDIARY NO: 81081 PROVIDER NO: 055805	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 081777 NUMBER OF DIALYSIS STATIONS: 019 RENAL NETWORK: 04 CROSS-REFERENCE NO:
KAWEAH DELTA HEMODIALYNIS FACILITY 320 W MAIN ST VISALIA, CA 93291 INTERMEDIARY NO: 00040 PROVIDER NO: 055809	APPROVED AS: DIALYSIN FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 082277 NUMBER OF DIALYSIS STATIONS: 013 RENAL NETWORK: 04 CROSS-REFERENCE NO:
USHAWL-CEDARS SINAI TOWERS 8858 W THIRD, SUITE 890W LOS ANGELES, CA 90048 INTERMEDIARY NO: 00040 PROVIDER NO: 055807	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 021384 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 04 CROSS-REFERENCE NO:
MEMORIAL HOSP OF LONG BEACH/CON 2860 ATLANTIC AVESUITE 230 LONG BEACH, CA 90806 INTERMEDIARY NO: 81081 PROVIDER NO: 055809	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 070184 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 04 CROSS-REFERENCE NO:
PITTSBURG HEMODIALYSIS 329 EAST LELARO RD PITTSBURG, CA 94565 INTERMEDIARY NO: 00040 PROVIDER NO: 053809	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 032585 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 08 CROSS-REFERENCE NO:

STATE=COLORADO

PRESBYTERIAN MEDICAL CENTER 1719 EAST 19TH AVE DENVER, CO 80218 INTERMEDIARY NO: 00050 PROVIDER NO: 060005	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 071477 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 06 CROSS-REFERENCE NO: 0R2R00
ST MARY CORWIN HOSPITAL 1008 MINNEQUA AVENUE PUEBLO, CO 81004 INTERMEDIARY NO: 00050 PROVIDER NO: 060012	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 0R0177 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 06 CROSS-REFERENCE NO: 0R2301
PRESBYTERIAN/ST LUKES HOSPITAL ESRD 601 EAST 18TH AVE DENVER, CO 80203 INTERMEDIARY NO: 00050 PROVIDER NO: 060014	APPROVED AS: TRANSPLANT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 08 DATE APPROVED: 052R86 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 06 CROSS-REFERENCE NO: 052810
ST ANTHONY HOSPITAL STS 4231 WEST 16TH AVE DENVER, CO 80204 INTERMEDIARY NO: 00050 PROVIDER NO: 060015	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 081R7R NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 06 CROSS-REFERENCE NO: 052309
ST MARYS HOSP C MED CTR 7TH PATTERSON RD GRAND JUNCTION, CO 81501 INTERMEDIARY NO: 00050 PROVIDER NO: 060023	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 071477 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 06 CROSS-REFERENCE NO: 052302
UNIVERSITY OF COLORADO-ESRD 4200 E NINTH AVE DENVER, CO 80262 INTERMEDIARY NO: 00050 PROVIDER NO: 060024	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 05 CROSS-REFERENCE NO: 052303
MERCY MEDICAL CENTER 1619 MILWAUKEE STREET DENVER, CO 80206 INTERMEDIARY NO: 00050 PROVIDER NO: 060028	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 0R0177 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 06 CROSS-REFERENCE NO: 052304
PENROSE HOSPITAL 2215 NORTH CASCADE COLORADO SPRINGS, CO 80907 INTERMEDIARY NO: 00050 PROVIDER NO: 060031	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 071477 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 05 CROSS-REFERENCE NO: 0R2305
ROSE MEDICAL CENTER 4567 E 9TH AVE DENVER, CO 80220 INTERMEDIARY NO: 00050 PROVIDER NO: 060032	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 063177 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 05 CROSS-REFERENCE NO: 0R2308

STATE=COLORADO CONTINUED

VA HOSP 1055 CLERMONT ST DENVER, CO 80220 INTERMEDIARY NO: 00ONO PROVIDER NO: 06DD8F	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 055177 NUMBER OF DIALYSIS STATIONS: 017 RENAL NETWORK: 05 CROSS-REFERENCE NO: 052506
PORTER MEMORIAL HOSPITAL 2525 SOUTH DOWNING STREET DENVER, CO 80210 INTERMEDIARY NO: 00050 PROVIDER NO: 0N000N4	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 071677 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 05 CROSS-REFERENCE NO: 052507
ROCKY MOUNTAIN KIDNEY CENTER 4545 EAST 9TH AVE. SUITE 140 DENVER, CO 80220 INTERMEDIARY NO: 00050 PROVIDER NO: 0N250I	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 08 DATE APPROVED: 071977 NUMBER OF DIALYSIS STATIONS: 026 RENAL NETWORK: 06 CROSS-REFERENCE NO:
WESTERN DIALYSIS CTR PC 4200 W CONEJOS PLACE DENVER, CO 80204 INTERMEDIARY NO: 00050 PROVIDER NO: 0N250Z	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 08 DATE APPROVED: 071477 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 05 CROSS-REFERENCE NO:
NORTHERN COLORADO KIDNEY CTR 1215 RIVERSIDE FT COLLINS, CO 80524 INTERMEDIARY NO: 00050 PROVIDER NO: 062505	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 08 DATE APPROVED: 011979 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 05 CROSS-REFERENCE NO:
PIKES PEAK DIALYSIS CTR PC 2120 E LASALLE ST COLORADO SPRINGS, CO 80909 INTERMEDIARY NO: 00050 PROVIDER NO: 0N2507	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 08 DATE APPROVED: 121079 NUMBER OF DIALYSIS STATIONS: 017 RENAL NETWORK: 05 CROSS-REFERENCE NO:
BOULDER METROPOLITAN DIALYSIN 511 MAPLETON BOULDER, CO 80302 INTERMEDIARY NO: 00050 PROVIDER NO: 0N2508	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 05 DATE APPROVED: 022381 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 05 CROSS-REFERENCE NO:
COMMUNITY DIALYSIS SERVICE DENVER 2401 S DOWNING DENVER, CO 80210 INTERMEDIARY NO: 00050 PROVIDER NO: 062509	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 08 DATE APPROVED: 051281 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 05 CROSS-REFERENCE NO:

19RR RATIONAL LISTIRD OF PROVIDERS FURRIRHIRD KIDNEY DIALYRIR AND TRARRPLART RERVICES

STATE=CORRECTICUT

THE HOSPITAL OF RT RAPHAEL I46D CHAPEL ST REW HAVER, CT D56ID IRTERMEDIARY RO: DDD6D PROVIDER RO: D7DD01	APPROVED AS: DIALYSIS CERTER STAFF-ASSIRTED RERVICES: HEMODIALYRIS PERITONEAL SELF-CARE SERVICES: TRAIRIRD SERVICER: HEMODIALYSIR CAPD TYPE OF OWRERRHIP: RORPROFIT	HCFA REDIOR: D1 OATE APPROVED: 082677 RUMBER OF DIALYSIR STATIORR: 012 RERAL RETWORK: 27 CROSS-REFERERCE RO: 072300
ST FRARCIS HOSP I14 WOODLARD ST HARTFORD, CT ORID5 IRTERMEDIARY RO: 60333 PROVIDER RO: D7DD02	APPROVED AR: DIALYSIS CERTER STAFF-ARSISTED SERVICER: HEMODIALYSIR SELF-CARE SERVICES: TRAIRIRD SERVICER: CAPD TYPE OF OWRERRHIP: RORPROFIT	HCFA REDIOR: 01 DATE APPROVED: 082677 RUMBER OF DIALYSIS RTATIORS: 018 RERAL RETWORK: 27 CROSR-REFERERCE RO: D72R01
WATERSURY HOSP S4 ROBBINS ST WATERBURY, CT DS708 IRTERMEDIARY RO: 00D6D PROVIDER RO: 070006	APPROVED AR: DIALYSIR CERTER STAFF-ASSISTED SERVICES: HEMODIALYRIR SELF-CARE SERVICER: HEMODIALYSIS TRAIRIRD SERVICER: HEMODIALYSIR CAPD TYPE OF OWRERRHIP: RORPROFIT	HCFA REDIOR: 01 DATE APPROVED: 082677 RUMBER OF DIALYSIS RTATIORR: 008 RERAL RETWORK: 27 CRORS-REFERERCE RO: 072302
CHARLOTTE HURDERFORD HOSP 64D LITCHFIELD ST TORRIRDTOR, CT D679D IRTERMEDIARY RO: 00D6D PROVIDER RO: D7DD11	APPROVED AS: DIALYSIS CERTER STAFF-ARSISTED RERVICES: HEMODIALYRIR SELF-CARE SERVICER: TRAIRIRD SERVICES: HEMODIALYRIR PERITOREAL CAPD TYPE OF OWRERSHIP: RORPROFIT	HCFA REDIOR: D1 OATE APPHOVED: 071778 RUMBER OF DIALYSIS STATIORS: 006 RERAL RETWORK: 27 CRO59-REFERERCE RO:
RE REDIORAL DIALYSIS URIT 31 URION ST ROCKVILLE, CT D6D66 IRTERMEDIARY RO: 60S3S PROVIDER RO: 070DI2	APPROVED AR: DIALYSIS CERTER STAFF-ASSISTED SERVICES: HEMODIALYSIR SELF-CARE SERVICES: TRAIRIRD SERVICES: HEMODIALYRIS CAPD TYPE OF OWRERRHIP: RORPROFIT	HCFA REDIOR: 01 OATE APPROVED: 082677 RUMBER OF DIALYSIS STATIORR: D10 RERAL RETWORK: 27 CROSS-REFERERCE RO: 072303
MT SIRAI HOSP 6DD BLUE HILLS AVE HARTFORD, CT 06112 IRTERMEDIARY RO: 5DD7D PROVIDER RO: D7DDI3	APPROVED AS: DIALYSIS CERTER STAFF-ASRIRTED RERVICER: HEMODIALYRIS RELF-CARE RERVICER: HEMODIALYSIS TRAIRIRD SERVICES: HEMODIALYRIS CAPD TYPE OF OWRERRHIP: RORPROFIT	HCFA REDIOR: 01 OATE APPROVED: 100991 RUMBER OF DIALYSIS STATIORS: 006 RERAL RETWORK: 27 CROS6-REFERERCE RO: 07251R
ST MARYS HOSP 56 FRANKLIR ST WATERSURY, CT 067D2 IRTERMEDIARY RO: DDOSD PROVIDER RO: 07DD16	APPROVED AR: DIALYSIS CERTER STAFF-ARSISTED SERVICER: HEMODIALYRIS PERITOREAL SELF-CARE SERVICER: TRAIRIRD SERVICER: HEMODIALYRIS PERITONEAL CAPD TYPE OF OWRERRHIP: RORPROFIT	HCFA REDIOR: 01 DATE APPROVED: 082677 RUMBER OF DIALYSIS STATIORR: D07 RERAL RETWORK: 27 CROS6-REFERERCE RO: 072304
MIDDLESEX MEM HOSP SO CRERCERT ST MIDDLETOWR, CT 0S467 IRTERMEDIARY RO: DOOSD PROVIDER RO: 07DD2D	APPROVED AS: DIALYSIS CERTER STAFF-ARSIRTED SERVICES: HEMODIALYRIS PERITONEAL SELF-CARE SERVICER: HEMODIALYRIR PERITOREAL TRAIRIRD SERVICES: HEMODIALYRIS PERITOREAL CAPD TYPE OF OWRERRHIP: RORPROFIT	HCFA REDIOR: D1 DATE APPROVED: 073161 RUMBER OF DIALYSIS STATIORS: 007 RERAL RETWORK: 27 CROSR-REFERERCE RO: 072312
YALE REW HAVER HOSP 2D YORK ST. REW HAVER, CT D66D4 IRTERMEDIARY RO: 00060 PROVIDER RO: 07DD22	APPROVED AR: TRARSPLART/DIALYSIS CERTER STAFF-ASRIRTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAIRIRD SERVICER: HEMODIALYRIS PERITOREAL TYPE OF OWRERSHIP: RORPROFIT	HCFA REDIOR: 01 DATE APPHOVED: 065177 RUMBER OF DIALYSIR STATIORS: D16 RERAL RETWORK: 27 CROSS-REFERERCE RO: 072306

STATE-CONNECTICUT CONTINUED

WILLIAM W BACKUS HOSP 325 WASHINGTON ST NORWICH, CT 06360 INTERMEDIARY NO: 00080 PROVIDER NO: 070024	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 082577 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 27 CROSS-REFERENCE NO: 072305
HARTFORD HOSP 80 SEYMOUR ST HARTFORD, CT 06115 INTERMEDIARY NO: 01070 PROVIDER NO: 070025	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 082577 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 27 CROSS-REFERENCE NO: 072307
DANBURY HOSP-ESRD 24 HOSPITAL AVE DANBURY, CT 06810 INTERMEDIARY NO: 00080 PROVIDER NO: 070038	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 082577 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 27 CROSS-REFERENCE NO: 072308
NORWALK HOSPITAL MAPLE STREET NORWALK, CT 06856 INTERMEDIARY NO: 00080 PROVIDER NO: 070034	APPROVED AS: DIALYSIS CENTER STAFF ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 082577 NUMBER OF DIALYSIS STATIONS: 019 RENAL NETWORK: 27 CROSS-REFERENCE NO: 072309
NEW BRITAIN GEN HOSP 100 GRAND ST NEW BRITAIN, CT 06050 INTERMEDIARY NO: 01070 PROVIDER NO: 070036	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 082677 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 27 CROSS-REFERENCE NO: 072310
SO CT OUT-OF-HOSP DIALYSIS UNIT 900 MADISON AVE BRIDGEPORT, CT 06606 INTERMEDIARY NO: 00080 PROVIDER NO: 072801	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 01 DATE APPROVED: 082577 NUMBER OF DIALYSIS STATIONS: 032 RENAL NETWORK: 27 CROSS-REFERENCE NO:
METABOLISM ASSOCIATES 136 SHERMAN AVE NEW HAVEN, CT 06511 INTERMEDIARY NO: 00080 PROVIDER NO: 072803	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 01 DATE APPROVED: 092183 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 27 CROSS-REFERENCE NO:

STATE=DISTRICT OF COLUMBIA

GEORGE WASHINGTON UNIV HOSP 2150 PENNSYLVANIA AVE NW WASHINGTON, DC 20037 INTERMEDIARY NO: 00080 PROVIDER NO: 090001	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 2R CROSS-REFERENCE NO: 092S01
HOWARD UNIVERSITY HOSPITAL 2112 GEORGIA AVE NW WASHINGTON, DC 20060 INTERMEDIARY NO: 00080 PROVIDER NO: 090003	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 2R CROSS-REFERENCE NO: 092R01
GEORGETOWN UNIV HOSP 3800 RESERVOIR RD NW WASHINGTON, DC 20007 INTERMEDIARY NO: 00050 PROVIDER NO: 090004	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 2R CROSS-REFERENCE NO: 092S02
DISTRICT OF COLUMBIA GEN HOSP 19TH & MASS AVE SE WASHINGTON, DC 20003 INTERMEDIARY NO: 00050 PROVIDER NO: 090007	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 2R CROSS-REFERENCE NO: 092S03
GREATER SE COMMUNITY HOSPITAL 1310 SOUTHERN AVE SE WASHINGTON, DC 20032 INTERMEDIARY NO: 00080 PROVIDER NO: 090005	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 080884 NUMBER OF DIALYSIS STATIONS: 003 RENAL NETWORK: 2R CROSS-REFERENCE NO: 092S05
WASHINGTON HOSP CTR 110 IRVING ST NW WASHINGTON, DC 20010 INTERMEDIARY NO: 52250 PROVIDER NO: 090011	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 2S CROSS-REFERENCE NO: 092S04
BMA OF DUPONT CIRCLE 11 DUPONT CIRCLE NW SUITE LL 100 WASHINGTON, DC 20036 INTERMEDIARY NO: 00050 PROVIDER NO: 092501	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 02R RENAL NETWORK: 2S CROSS-REFERENCE NO:
BMA OF CAPITOL HILL 900 M STREET SE WASHINGTON, DC 20003 INTERMEDIARY NO: 00050 PROVIDER NO: 092502	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 026 RENAL NETWORK: 2S CROSS-REFERENCE NO:
BMA COLUMBIA HEIGHTS 106 IRVING ST NW WASHINGTON, DC 20010 INTERMEDIARY NO: 52280 PROVIDER NO: 092503	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 2S CROSS-REFERENCE NO:

AMA OF NORTHEAST WASH.
1850 SOUTHERN AVE SE
WASHINGTON, DC 20032
INTERMEDIARY NO: 00000
PROVIDER NO: 092505

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 03
DATE APPROVED: 011378
NUMBER OF DIALYSIS STATIONS: 012
RENAL NETWORK: 2S
CROSS-REFERENCE SO:

AMA TAKOMA PARK
247 CARROLL ST NW
WASHINGTON, DC 20012
INTERMEDIARY NO: 00000
PROVIDER NO: 092508

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 03
DATE APPROVED: 052780
NUMBER OF DIALYSIS STATIONS: 006
RENAL NETWORK: 2S
CROSS-REFERENCE SO:

AMA OF NORTHEAST
1802 RHODE ISLAND AVE NE
WASHINGTON, DC 20018
INTERMEDIARY NO: 00000
PROVIDER NO: 092507

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 03
DATE APPROVED: 072882
NUMBER OF DIALYSIS STATIONS: 012
RENAL NETWORK: 2S
CROSS-REFERENCE NO:

ANACOSTIA COMMUNITY DIALYSIS CTR
1822 MINNESOTA AVE SE
WASHINGTON, DC 20018
INTERMEDIARY NO: 00000
PROVIDER NO: 092808

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 03
DATE APPROVED: 052788
NUMBER OF DIALYSIS STATIONS: 007
RENAL NETWORK: 2S
CROSS-REFERENCE SO:

CHILDREN'S HOSPITAL NAT'L MED CTR
111 MICHIGAN AVE NW
WASHINGTON, DC 20010
INTERMEDIARY NO: 00000
PROVIDER NO: 093800

APPROVED AS: TRANSPLANT/DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 03
DATE APPROVED: 070184
NUMBER OF DIALYSIS STATIONS: 006
RENAL NETWORK: 2S
CROSS-REFERENCE SO: 092305

D.W.U. AMBULATORY DIALYSIS CTR
908 NEW HAMPSHIRE AVE NW.
WASHINGTON, DC 20037
INTERMEDIARY NO: 00000
PROVIDER NO: 09R500

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 03
DATE APPROVED: 030784
NUMBER OF DIALYSIS STATIONS: 012
RENAL NETWORK: 2S
CROSS-REFERENCE SO:

1980 NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

STATE=DELAWARE

WILMINGTON MEDICAL CTR INC	APPROVED AS: DIALYSIS CENTER	HCFA REGION: 03
501 W. 14TH ST.	STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL	DATE APPROVED: 030177
WILMINGTON, DE 19899	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 009
INTERMEDIARY NO: 00070	TRAINING SERVICES: CAPD	RENAL NETWORK: 24
PROVIDER NO: 080001	TYPE OF OWNERSHIP: PROFIT	CROSS-REFERENCE NO: 082900
BRANDYWINE DIALYSIS CENTER	APPROVED AS: DIALYSIS FACILITY	HCFA REGION: 03
2500 PENNSYLVANIA AVENUE	STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL	DATE APPROVED: 030177
WILMINGTON, DE 19805	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 008
INTERMEDIARY NO: 00070	TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD	RENAL NETWORK: 24
PROVIDER NO: 082501	TYPE OF OWNERSHIP: PROFIT	CROSS-REFERENCE NO:
DOVER DIALYSIS CTR INC	APPROVED AS: DIALYSIS FACILITY	HCFA REGION: 03
745 S NEW ST	STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL	DATE APPROVED: 122878
DOVER, DE 19901	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 010
INTERMEDIARY NO: 00070	TRAINING SERVICES: HEMODIALYSIS PERITONEAL	RENAL NETWORK: 24
PROVIDER NO: 082502	TYPE OF OWNERSHIP: PROFIT	CROSS-REFERENCE NO:

1988 RATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

STATE=FLORIDA

UNIVERSITY HOSP OF JACKSONVILLE (ESHO) 800 WEST EIGHTH STREET JACKSONVILLE, FL 32208 INTERMEDIARY NO: 00080 PROVIDER NO: 100001	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITOREAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 034 RENAL NETWORK: 16 CROSS-REFERENCE NO: 102500
ORLANDO REGIONAL MEDICAL CTR INC 1414 S KUHL AVE ORLANDO, FL 32806 INTERMEDIARY NO: 00080 PROVIDER NO: 100008	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 050178 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 16 CROSS-REFERENCE NO: 102301
FLORIDA HOSP 001 E ROLLINS AVE ORLANDO, FL 32803 INTERMEDIARY NO: 00080 PROVIDER NO: 100007	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 19 CROSS-REFERENCE NO: 102502
ST MARYS HOSP 901 40TH STREET WEST PALM BEACH, FL 33407 INTERMEDIARY NO: 00080 PROVIDER NO: 100010	APPROVED AS: DIALYSIS CENTER STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 19 CROSS-REFERENCE NO: 102303
JACKSON MEMORIAL HOSP- 1011 NW 12TH AVE MIAMI, FL 33136 INTERMEDIARY NO: 00080 PROVIDER NO: 100022	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 017 RENAL NETWORK: 19 CROSS-REFERENCE NO: 102304
MOUNT SINAI MEDICAL CENTER 4300 ALTON RD MIAMI, FL 33140 INTERMEDIARY NO: 00080 PROVIDER NO: 100034	APPROVED AS: DIALYSIS CENTER STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090170 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 19 CROSS-REFERENCE NO: 102306
MEMORIAL HOSP 3501 JOHNSON ST HOLLYWOOD, FL 33021 INTERMEDIARY NO: 00080 PROVIDER NO: 10003H	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITOREAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 19 CROSS-REFERENCE NO: 102306
HIALEAH HOSP 001 EAST 28TH ST HIALEAH, FL 33013 INTERMEDIARY NO: 00080 PROVIDER NO: 100003	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 19 CROSS-REFERENCE NO: 102308
ST FRANCIS HOSP INC 200 W 03 ST MIAMI BEACH, FL 33141 INTERMEDIARY NO: 00080 PROVIDER NO: 100065	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITOREAL SELF-CARE SERVICES: HEMODIALYSIS PERITOREAL TRAINING SERVICES: HEMODIALYSIS PERITOREAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 19 CROSS-REFERENCE NO: 102309

STATE=FLORIDA CONTINUED

MERCY HOSP 3663 S MIAMI AVE MIAMI, FL 33133 INTERMEDIARY NO: 00090 PROVIDER NO: 100041	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 1N CROSS-REFERENCE NO: 102310
RIVERSIDE HOSP 2035 RIVERSIDE AVENUE JACKSONVILLE, FL 32204 INTERMEDIARY NO: 00090 PROVIDER NO: 100085	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 051181 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 1N CROSS-REFERENCE NO:
SARASOTA MEMORIAL HOSP 1901 ARLINGTON ST SARASOTA, FL 33579 INTERMEDIARY NO: 00090 PROVIDER NO: 100087	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 030681 NUMBER OF DIALYSIS STATIONS: 001 RENAL NETWORK: 1N CROSS-REFERENCE NO:
BAPTIST HOSP 1000 WEST MORENO STREET PENSACOLA, FL 32501 INTERMEDIARY NO: 00090 PROVIDER NO: 100093	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 071481 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 1N CROSS-REFERENCE NO:
SHANDS TEACHING HOSP & CLINICS JHMHC BOX J-223 GAINESVILLE, FL 32610 INTERMEDIARY NO: 00090 PROVIDER NO: 100113	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 1N CROSS-REFERENCE NO: 102312
PARKWAY GENERAL HOSP- 150 NW 170TH ST MIAMI, FL 33169 INTERMEDIARY NO: 00090 PROVIDER NO: 100114	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 1N CROSS-REFERENCE NO: 102315
TAMPA GENERAL HOSP DAVIS ISLAND TAMPA, FL 33606 INTERMEDIARY NO: 00090 PROVIDER NO: 100128	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 026 RENAL NETWORK: 1N CROSS-REFERENCE NO: 102314
TALLAHASSEE MEMORIAL REG MEDICAL CTR 1221 HOOVES DRIVE TALLAHASSEE, FL 32308 INTERMEDIARY NO: 00090 PROVIDER NO: 100135	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 057 RENAL NETWORK: 1N CROSS-REFERENCE NO: 102315
IMPERIAL POINT MEDICAL CENTER 6401 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 INTERMEDIARY NO: 00090 PROVIDER NO: 100200	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 121677 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 1N CROSS-REFERENCE NO:

STATE-FLORIDA CONTINUED

AMERICAN HOSP
11750 BIRD ROAD
MIAMI, FL 33175
INTERMEDIARY NO: 00ONO
PROVIDER NO: 100200

APPROVED AS: INPATIENT ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 090176
NUMBER OF DIALYSIS STATIONS: 000
RENAL NETWORK: 19
CROSS-REFERENCE NO: 102317

FLORIDA MEDICAL CTR HOSP-ENRD
5000 W. OAKLAND PARK BLVD.
FT LAUDERDALE LAKE, FL 33313
INTERMEDIARY NO: 00ONO
PROVIDER NO: 100210

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 032284
NUMBER OF DIALYSIS STATIONS: 003
RENAL NETWORK: 19
CROSS-REFERENCE NO: 102318

FORT MYERS COMMUNITY HOSP INC
2705 EVARS AVE
FORT MYERS, FL 33901
INTERMEDIARY NO: 00ONO
PROVIDER NO: 100220

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 121078
NUMBER OF DIALYSIS STATIONS: 008
RENAL NETWORK: 19
CROSS-REFERENCE NO:

WEST FLORIDA HOSP
8900 N DAVIS HIGHWAY
PENSACOLA, FL 32504
INTERMEDIARY NO: 52280
PROVIDER NO: 100201

APPROVED AS: INPATIENT ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 090176
NUMBER OF DIALYSIS STATIONS: 000
RENAL NETWORK: 19
CROSS-REFERENCE NO: 102319

ALL CHILDREN'S HOSPITAL (ENRD)
801 SIXTH ST SOUTH
ST PETERSBURG, FL 33701
INTERMEDIARY NO: 00ORO
PROVIDER NO: 100250

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 092782
NUMBER OF DIALYSIS STATIONS: 002
RENAL NETWORK: 19
CROSS-REFERENCE NO:

NW FLORIDA ARTIFICIAL KIDNEY CTR
1717 NORTH "E" ST #50N
PENSACOLA, FL 32501
INTERMEDIARY NO: 00ORO
PROVIDER NO: 102501

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 04
DATE APPROVED: 090176
NUMBER OF DIALYSIS STATIONS: 018
RENAL NETWORK: 19
CROSS-REFERENCE NO:

S FL ARTIFICAL KID CENTER INC
8928 SW 148TH ST
MIAMI, FL 33176
INTERMEDIARY NO: 00ONO
PROVIDER NO: 102502

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 04
DATE APPROVED: 090176
NUMBER OF DIALYSIS STATIONS: 015
RENAL NETWORK: 19
CROSS-REFERENCE NO:

BMA OF MIAMI INC
1201 NW 8TH AVE
MIAMI, FL 33125
INTERMEDIARY NO: 00ORO
PROVIDER NO: 102508

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 090176
NUMBER OF DIALYSIS STATIONS: 038
RENAL NETWORK: 19
CROSS-REFERENCE NO:

SOUTH BROWARD AKC
3700 WASHINGTON ST SUITE 102
HOLLYWOOD, FL 33021
INTERMEDIARY NO: 00ORO
PROVIDER NO: 102504

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 04
DATE APPROVED: 090176
NUMBER OF DIALYSIS STATIONS: 030
RENAL NETWORK: 19
CROSS-REFERENCE NO:

STATE=FLORIDA CONTINUED

CENTRAL FLORIDA KIDNEY CENTER INC 105 SONNIE LOCH COURT ORLANDO, FL 32805 INTERMEDIARY NO: 00090 PROVIDER NO: 102505	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 029 RENAL NETWORK: 19 CROSS-REFERENCE NO:
SIO MEDICAL APPLICATIONS OF TAMPA 402 SOUTH BOULEVARD TAMPA, FL 33606 INTERMEDIARY NO: 00090 PROVIDER NO: 102505	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 050176 NUMBER OF DIALYSIS STATIONS: 026 RENAL NETWORK: 19 CROSS-REFERENCE NO:
BMA OF DADE COUNTY INC 1190 NW 95TH ST 5205 MIAMI, FL 33150 INTERMEDIARY NO: 00090 PROVIDER NO: 102507	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 050176 NUMBER OF DIALYSIS STATIONS: 019 RENAL NETWORK: 19 CROSS-REFERENCE NO:
SMA OF HOLLYWOOD 2655 HOLLYWOOD BLVD HOLLYWOOD, FL 55020 INTERMEDIARY NO: 00090 PROVIDER NO: 102508	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 19 CROSS-REFERENCE NO:
BMA OF NORTH MIAMI BEACH 16800 NW 2ND AVE SUITE 107 NORTH MIAMI BEACH, FL 33169 INTERMEDIARY NO: 00090 PROVIDER NO: 102509	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 19 CROSS-REFERENCE NO:
DIALYSIS ASSOCIATES OF PALM BEACHES 523 EUCALYPTUS ST WEST PALM BEACH, FL 33401 INTERMEDIARY NO: 00090 PROVIDER NO: 102510	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 19 CROSS-REFERENCE NO:
ORLANDO ARTIFICAL KIDNEY CTR 5100 CLAY AVE SUITE 151 ORLANDO, FL 32804 INTERMEDIARY NO: 00090 PROVIDER NO: 102511	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 050176 NUMBER OF DIALYSIS STATIONS: 026 RENAL NETWORK: 19 CROSS-REFERENCE NO:
BMA OF GAINESVILLE 6685 NW 9TH BLVD GAINESVILLE, FL 32605 INTERMEDIARY NO: 00090 PROVIDER NO: 102512	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 19 CROSS-REFERENCE NO:
SOUTH FLORIDA ARTIFICIAL KIDNEY CTR 2275 SPANISH COURT FT MYERS, FL 33901 INTERMEDIARY NO: 00090 PROVIDER NO: 102515	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 19 CROSS-REFERENCE NO:

STATE=FLORIDA CONTINUED

PANAMA CITY ARTIFICIAL KIDNEY CENTER 615 W DORITA AVE-ROX 1938 PANAMA CITY, FL 32401 INTERMEDIARY NO: 00080 PROVIDER NO: 102814	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 026 RENAL NETWORK: 19 CROSS-REFERENCE NO:
SARASOTA ARTIFICIAL KIDNEY CENTER 1420 W TAMIAMI TRAIL SARASOTA, FL 33577 INTERMEDIARY NO: 00090 PROVIDER NO: 102816	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 19 CROSS-REFERENCE NO:
PENOUE MEDICAL CENTER-ENNO 19590 OLD CUTLER RD MIAMI, FL 33157 INTERMEDIARY NO: 00080 PROVIDER NO: 102818	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 19 CROSS-REFERENCE NO:
MELBOURNE KIDNEY CENTER 1400 SOUTH APOLLO BLVD MELBOURNE, FL 32901 INTERMEDIARY NO: 00080 PROVIDER NO: 102817	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 025 RENAL NETWORK: 19 CROSS-REFERENCE NO:
MEDICAL CTR CLINIC DIALYSIS CTR 8803 N DAVIS HWY PENSACOLA, FL 32514 INTERMEDIARY NO: 00080 PROVIDER NO: 102818	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 19 CROSS-REFERENCE NO:
DIO MED APPLICATIONS OF ST PETERSBURG 8801 4TH ST NORTH,SUITE 110 ST PETERSBURG, FL 33702 INTERMEDIARY NO: 00080 PROVIDER NO: 102819	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 19 CROSS-REFERENCE NO:
BOCA RATON ARTIFICIAL KIDNEY CTR 998 NW 9TH CT BOCA RATON, FL 33432 INTERMEDIARY NO: 00080 PROVIDER NO: 102820	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 19 CROSS-REFERENCE NO:
COMMUNITY DIALYSIS SERVICE-DAYTONA 575 N CLYDE MORRIS BLVD SUITE B DAYTONA BEACH, FL 32014 INTERMEDIARY NO: 00090 PROVIDER NO: 102821	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: PERITONEAL TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 021 RENAL NETWORK: 19 CROSS-REFERENCE NO:
AMERICAN DIALYSIS CENTER INC 11880 BIRD RD. SUITE 408 MIAMI, FL 33178 INTERMEDIARY NO: 00090 PROVIDER NO: 102822	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 19 CROSS-REFERENCE NO:

STATE=FLORIDA CONTINUED

COMMUNITY DIALYSIS SVCS OF TAMPA 1850I N 50TH ST,SUITE 202 TAMPA, FL 33512 INTERMEDIARY NO: 00D80 PROVIDER NO: 102523	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 060178 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 19 CROSS-REFERENCE NO:
COMMUNITY DIALYSIS SVCS OF LAKELAND 2445 R 98 HWY,NORTHSIDE PLAZA LAKELAND, FL 33805 INTERMEDIARY NO: 00D9D PROVIDER NO: 102524	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 015 RENAL NETWORK: 19 CROSS-REFERENCE NO:
INDIAN RIVER ARTIFICAL KIDNEY CENTER 1851 S KANNER HWY STUART, FL 33494 INTERMEDIARY NO: 00D9D PROVIDER NO: 102526	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 060178 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 19 CROSS-REFERENCE NO:
PALM BEACH GARDENS ARTIFICAL KID CTR 3870 BURNS RD #206 PALM BEACH GARDENS, FL 33410 INTERMEDIARY NO: 00D90 PROVIDER NO: 102527	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 080178 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 19 CROSS-REFERENCE NO:
COMMUNITY DIALYSIS SVCS OF CLEARWATER 1290 SOUTH MISSOURI AVENUE CLEARWATER, FL 33515 INTERMEDIARY NO: 00D8D PROVIDER NO: 102528	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 063078 NUMBER OF DIALYSIS STATIONS: 024 RENAL NETWORK: 19 CROSS-REFERENCE NO:
UNITED DIALYSIS OF NEW PORT RICHEY 2407 SOUTH BLVD-P.O. BOX 1909 ELFERS, FL 34259 INTERMEDIARY NO: 00D90 PROVIDER NO: 102529	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 091678 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 19 CROSS-REFERENCE NO:
PALMETTO MIAMI/LANES DIALYSIS CTR 7100 W 20TH AVE,SUITE 0-1 HIALEAH, FL 33010 INTERMEDIARY NO: 00D9D PROVIDER NO: 102580	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 060178 NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 19 CROSS-REFERENCE NO:
DIALYSIS CLINIC INC 788 RIVERSIDE AVE JACKSONVILLE, FL 32204 INTERMEDIARY NO: 00D9D PROVIDER NO: 102581	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 121375 NUMBER OF DIALYSIS STATIONS: 030 RENAL NETWORK: 19 CROSS-REFERENCE NO:
INTERAMERICAN DIALYSIS INSTITUTE 2850 SW 84TH AVE MIAMI, FL 33155 INTERMEDIARY NO: 51IDD PROVIDER NO: 102582	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 120275 NUMBER OF DIALYSIS STATIONS: 021 RENAL NETWORK: 19 CROSS-REFERENCE NO:

STATE=FLORIDA CONTINUED

SUNCOAST DIALYSIS INC 8147 CASTELLO DRIVE NAPLES, FL NNN40 INTERMEDIARY NO: 00ONO PROVIDER NO: 102SN4	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 020179 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 19 CROSS-REFERENCE NO:
COMMUNITY DIALYSIS SVCS OF VENICE 890 N NOKOMIS AVE SUITE 20D VENICE, FL N9SND INTERMEDIARY NO: 00ORO PROVIDER NO: 102DRD	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 022879 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 19 CROSS-REFERENCE NO:
BROWARD CHRONIC HEMODIALYSIS INC 4101 NW 4TH ST,SUITE 207 PLANTATION, FL 99917 INTERMEDIARY NO: 00ONO PROVIDER NO: 102S9N	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 011080 NUMBER OF DIALYSIS STATIONS: 025 RENAL NETWORK: 19 CROSS-REFERENCE NO:
OCALA REGIONAL KIDNEY CENTER 2RDD NR 9NO CT. P.O. NON 824R OCALA, FL 92670 INTERMEDIARY NO: 00090 PROVIDER NO: 102D37	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 091979 NUMBER OF DIALYSIS STATIONS: 029 RENAL NETWORK: 19 CROSS-REFERENCE NO:
ORADENTOR ARTIFICIAL KIDNEY CENTER 0902 POINTE WEST BLVD ORADENTOR, FL NR52R INTERMEDIARY NO: 00ONO PROVIDER NO: 102890	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 010780 NUMBER OF DIALYSIS STATIONS: 015 RENAL NETWORK: 19 CROSS-REFERENCE NO:
S PALM BEACH DIALYSIS CTR 1177 HYPOLUXO RD LANTANA, FL 9S4N2 INTERMEDIARY NO: 00ONO PROVIDER NO: 102SRR	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 052480 NUMBER OF DIALYSIS STATIONS: 017 RENAL NETWORK: 19 CROSS-REFERENCE NO:
CLEARWATER ARTIFICAL KIDNEY CENTER 2DDD ENTERPRISE RD CLEARWATER, FL NRD1D INTERMEDIARY NO: 00ORO PROVIDER NO: 102842	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 052580 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 19 CROSS-REFERENCE NO:
KEY WEST KIDNEY CENTER 820 SOUTHARD ST KEY WEST, FL NR040 INTERMEDIARY NO: 00090 PROVIDER NO: 102D49	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 071480 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 19 CROSS-REFERENCE NO:
NW BROWARD ARTIFICAL KIDNEY CENTER 8229 W ATLANTIC BLVD CORAL SPRINGS, FL 33095 INTERMEDIARY NO: 00ORO PROVIDER NO: 102844	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 111480 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 19 CROSS-REFERENCE NO:

CDS-WINTER HAVER
IS24 STH ST NW
WIRTER HAVER, FL 3SH8I
INTERMEDIARY NO: 000RO
PROVIDER RO: IO2S4S

APPNOVED AS: DIALYRIR FACILITY
STAFF-ASSISTED SENVICES: HEMODIALYSIR
SELF-CARE SERVICER:
TRAIRING SERVICES: CAPD
TYPE OF OWNERRHIP: PNOFIT

HCFA REOION: 04
DATE APPNOVED: OI2S8I
NUMBEN OF DIALYRIR RTATIONR: 020
KENAL NETWONK: IN
CNOSS-NEFENENCE NO:

NMA OF SARFORD IRC
2IO E COMMERICAL ST
SANFORD, FL S2TTI
INTERMEDIARY NO: 000RO
PROVIDER RO: IO2S4S

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIR
SELF-CARE SERVICES:
TRAINING RERVICES: CAPD
TYPE OF OWNERRHIP: PROFIT

HCFA REOION: 04
DATE APPNOVED: I2ISRO
NUMBEN OF DIALYRIS STATIONS: OIN
NENAL NETWONK: IN
CNOSR-NEFENENCE NO:

SOUTH ST PETERSBURO ART RID CENTER
S28I SND AVE NORTH #I28
ST PETERSBURO, FL SSTIS
INTERMEDIARY NO: 000RO
PROVIDER RO: IO2S47

APPROVED AR: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIR PERITONEAL
SELF-CARE SERVICES:
TRAINING SENVICES: PERITONEAL CAPD
TYPE OF OWNENSHIP: PROFIT

HCFA REOION: 04
DATE APPROVED: IOOI8O
NUMBER OF DIALYSIR STATIONS: OI7
NENAL NETWONK: IN
CNOSS-NEFENENCE NO:

RIO MEDICAL APPLICATIONS OF LARE CITY
SSN E FRARRLIR ST-BOR 2S8N
LAKE CITY, FL S2OSS
INTERMEDIARY NO: 000RO
PROVIDER RO: IO2S48

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED RERVICER: HEMODIALYRIS
SELF-CANE SERVICES:
TRAIRIRO SERVICER: CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REOION: 04
DATE APPNOVED: ONOI81
NUMBEN OF DIALYRIS STATIONS: O10
NENAL NETWONK: IN
CNOSS-NEFERENCE NO:

PORT CHARLOTTE ARTIFICIAL NIDNEY CTN
2STS HANBOR BLVD
PORT CHANLOTTE, FL SS9S2
INTERMEDIARY NO: 00090
PROVIDER RO: IO2S4N

APPROVED AS: DIALYSIR FACILITY
STAFF-ASSIRTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAIRING SERVICER: CAPD
TYPE OF OWNERRHIP: PROFIT

HCFA REOION: 04
DATE APPNOVED: 080361
RUMBER OF DIALYSIS STATIONN: 008
RENAL NETWORK: IN
CNOSS-NEFERENCE NO:

VERO BEACH ARTIFICIAL NIDNEY CERTER
IS4N 2STH ST
VERO BEACH, FL 329SO
INTERMEDIARY NO: 00090
PROVIDER RO: IO2SSO

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIR
SELF-CARE SERVICES:
TRAIRIRO SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REOIOR: 04
DATE APPNOVED: 072701
NUMBER OF DIALYSIS STATIONS: 008
RENAL NETWORK: I9
CROSS-REFERENCE NO:

MID-FLORIDA DIALYSIS INC
ROI E DIRIE AVE RA-IO8
LEESNURO, FL S2T48
INTERMEDIARY NO: 000NO
PROVIDER RO: IO2SSI

APPROVED AS: DIALYSIS FACILITY
STAFF-ARSISTED SERVICES: HEMODIALYRIR
SELF-CARE SERVICER:
TRAININO SERVICES: CAPD
TYPE OF OWNENSHIP: PNOFIT

HCFA REOIOK: 04
DATE APPNOVED: ON2481
NUMBER OF DIALYRIS RTATIONS: 012
NENAL NETWORN: 1R
CROSS-REFERENCE NO:

BMA OF TARPON SPRIROS IRC.
SIS SOUTH HUEY AVE
TARPON RPRINOS, FL SSSBR
INTERMEDIARY NO: 000NO
PNOVIDER RO: IO2SS2

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIR
RELF-CANE SERVICES:
TRAIRIRO SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REOION: 04
DATE APPNOVED: II04OI
NUMBEN OF DIALYSIS STATIONS: OOM
NENAL NETWONK: 1R
CROSR-REFERENCE NO:

RREVARD RIDNEY HYPERTENSIOR CENTER
STS S COURTENAY PARRWAYURIT 7
MERRITT ISLARD, FL S2NS2
INTERMEDIARY NO: 000RO
PROVIDER RO: IO2SSS

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICER: HEMODIALYSIR CAPD
TYPE OF OWNERSHIP: PNOFIT

HCFA REOION: 04
DATE APPROVED: 020482
NUMBER OF DIALYSIS STATIONS: OI5
NENAL NETWONK: IR
CROSS-NEFENENCE NO:

STATE-FLORIDA CONTINUED

COMMUNITY DIALYSIS MEM OF PLANT CITY 121 PROSPER DRIVE PLANT CITY, FL 33566 INTERMEDIARY NO: 00090 PROVIDER NO: 102884	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 040282 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 19 CROSS-REFERENCE NO:
BROWARD NEPHROLOGY ASSOCIATES 1901 S ANDREWS AVE FORT LAUDERDALE, FL 33316 INTERMEDIARY NO: 00090 PROVIDER NO: 102888	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 090182 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 19 CROSS-REFERENCE NO:
BROOKSVILLE ARTIFICIAL KIDNEY CENTER 017 LAMAR AVE BROOKSVILLE, FL 33512 INTERMEDIARY NO: 00090 PROVIDER NO: 102886	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 020283 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 19 CROSS-REFERENCE NO:
ST AUGUSTINE DIALYSIS CENTER 11 THEMERTON ST N2 ST AUGUSTINE, FL 32084 INTERMEDIARY NO: 00090 PROVIDER NO: 102887	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 122082 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 19 CROSS-REFERENCE NO:
NORTH BEACH DIALYSIS CENTER 18401 NW 2ND AVE N100 NORTH MIAMI BEACH, FL 33169 INTERMEDIARY NO: 00090 PROVIDER NO: 102880	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 022383 NUMBER OF DIALYSIS STATIONS: 017 RENAL NETWORK: 19 CROSS-REFERENCE NO:
FLORIDA KIDNEY CENTER 4880 WEST OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33313 INTERMEDIARY NO: 00090 PROVIDER NO: 102889	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 040183 NUMBER OF DIALYSIS STATIONS: 021 RENAL NETWORK: 19 CROSS-REFERENCE NO:
NORTH BROWARD NEPHROLOGIST ASSOCIATES 1018 E COMMERCIAL BLVD #N0N FORT LAUDERDALE, FL 33306 INTERMEDIARY NO: 00090 PROVIDER NO: 102890	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 030186 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 19 CROSS-REFERENCE NO:
PALMETTO ARTIFICIAL KIDNEY CTR 908 9TH AVE EAST PALMETTO, FL 33561 INTERMEDIARY NO: 00090 PROVIDER NO: 102882	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 010883 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 19 CROSS-REFERENCE NO:
BAYONET POINT-HUDSON KIDNEY CTR 401 MEDICAL DR-BOX 8460 HUDSON, FL 33567 INTERMEDIARY NO: 00090 PROVIDER NO: 102883	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 122582 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 19 CROSS-REFERENCE NO:

STATE=FLORIDA COSTI9UEO

1969 RATIONAL LISTI9Q OF PROVIDERS FURRISHIND RIDREY DIALY9I6 ARD TRAN9PLART SERVICE9

HIOHLA9DS ARTIFICIAL RID9EY CE9TER
10 MEDICAL CENTER
SE9RIRO, FL 33$TO
IRTERMEDIARY RO: D009D
PROVIDER 90: IO2594

APPROVED A6: DIALYSI$ FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAI9I9O SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REDIOR: 04
DATE APPROVED: D8DI83
RUMBER OF DIALYSIS STATION9: D12
RENAL RETWORK: IR
CROSS-REFERENCE NO:

HOMESTEAD ARTIFICIAL 9IO9EY CTR
I25 9E $TH ST 998T
HOMESTEAD, FL $SOSO
IRTERMEDIARY 90: 000$O
PROVIDER 90: IO2$$$

APPROVED AS: DIALY6IS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSI$ PERITOREAL
SELF-CARE SERVICES:
TRAI9IRO SERVICES: HEMODIALYSIS CAPD
TYPE OF O8RERSHIP: PROFIT

HCFA REDIOR: 04
DATE APPROVED: D8DSRR
RUMBER OF DIALYRIS STATIONS: O12
RENAL RETWORK: IR
CROSS-REFERENCE 90:

MIAMI OIALYSIS CE9TER I9C
125D $W TTH ST 9IOT
MIAMI, FL 33I28
IRTERMEDIARY RO: ODD$D
PROVIDER 90: ID2666

APPROVED AS: DIALYSI$ FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSI6
SELF-CARE SERVICES:
TRAIRI9D SERVICES:
TYPE OF O8RERSHIP: PROFIT

HCFA REDIOR: 04
DATE APPROVED: D92I83
RUMBER OF DIALY6IS STATIONS: D18
RENAL RETWORK: IR
CROSS-REFERENCE RO:

OELRAY ARTIFICIAL 9ID9EY CTR
621D LI9TO9 BLVD SUITE ID$
DELRAY BEACH, FL 33446
I9TERMEDIARY RO: 00090
PROVIDER RO: 102567

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALY9IS
SELF-CARE SERVICES:
TRAIRIRO SERVICES:
TYPE OF O89ERSHIP: PROFIT

HCFA REDIOR: 04
DATE APPROVED: ORIR83
RUMBER OF DIALY6IS STATIORS: O1D
RENAL RETWORK: IR
CROSS-REFERENCE NO:

POMPARO ARTIFICIAL 9ID9EY CERTER
SBOO 9E SRO AVE
POMPA9O BEACH, FL 33064
I9TERMEDIARY 90: 00090
PROVIDER 90: I02568

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSI6
SELF-CARE SERVICES:
TRAIRIRO SERVICES:
TYPE OF OWRERSHIP: PROFIT

HCFA REDIOR: D4
DATE APPROVED: DD84
RUMBER OF DIALYSI6 STATIORS: D08
RENAL RETWORK: 19
CROS6-REFERERCE RO:

OSCEOLA ARTIFICIAL 9IO9EY CE9TER
2D1 HILDA ST SUITE 2S
RISSIMMEE, FL S2T41
I9TERMEDIARY RO: 00090
PROVIDER 90: 1D2569

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAI9I9D SERVICES: CAPD
TYPE OF O8RERSHIP: PROFIT

HCFA REDIOR: D4
DATE APPROVED: D229B4
RUMBER OF DIALY6IS 6TATIOR5: DD7
RERAL RETWORK: I9
CROS6-REFERERCE NO:

RE BROWARD ARTIFICIAL 9ID9EY CTR
S664 9E 10TH TERRACE
POMPA9O BEACH, FL 3SD84
I9TERMEDIARY 90: D0090
PROVIDER 90: 1D25TD

APPROVED AS: DIALYSI$ FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAI9I9D SERVICES: HEMODIALYSI$ PERITONEAL CAPD
TYPE OF O8RERSHIP: PROFIT

HCFA REDIOR: 04
DATE APPROVED: OS2584
RUMBER OF DIALY6IS 6TATIOR6: O12
RERAL RETWORK: I9
CROS6-REFERERCE RO:

SOUTH LA9E ARTIFICIAL 9IO9EY CTR
12D1 S MAI9 ST-BOX 127
BELLE DLADE, FL SS4SD
I9TERMEDIARY 90: 000$O
PROVIDER 90: IO25TI

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAI9IRO SERVICES:
TYPE OF O8RERSHIP: PROFIT

HCFA REDIOR: D4
DATE APPROVED: D62264
RUMBER OF DIALYSIS 6TATIOR6: ODB
RERAL RETWORK: 19
CROSS-REFERE9CE RO:

SMA OF CORAL OABLES
20D SA$ LORE9ZO
CORAL DABLES, FL SSI4$
IRTERMEDIARY RO: DDD9D
PROVIDER RO: 1D2572

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAIRIRO SERVICES:
TYPE OF O8RERSHIP: PROFIT

HCFA REDIOR: D4
DATE APPROVED: DID466
RUMBER OF DIALYSIS 6TATIOR5: 006
RENAL RETWORK: 19
CROSS-REFERENCE RO:

STATE=FLORIDA CONTINUED

COMMUNITY DAILYSIS RVCR OF DELARD 145 EAST SICH STEET DELARD, FL R2720 INTERMEDIARY NO: 00080 PROVIDER NO: 102877	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 021888 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 19 CROSS-REFERENCE NO:
COMMUSITY DIALYSIS RVCR OF FT PIERCE NOR YIRGINIA AVE, R-1 FT PIERCE, FL RR480 INTERMEDIARY NO: 00090 PROVIDER NO: 102874	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 051088 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 19 CROSS-REFERENCE NO:
WEST BOCA DIALYSIS CENTER 19801 HAMPTON DR BOCA RATON, FL RR484 INTERMEDIARY NO: 00090 PROVIDER NO: 102878	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 051488 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 19 CROSS-REFERENCE NO:
WATROS CLINIC KIDNEY CTR 1550 LAKELAND HILLS BLVD LAKELAND, FL RR808 INTERMEDIARY NO: 00090 PROVIDER NO: 102878	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 052788 NUMBER OF DIALYSIS STATIONS: 013 RENAL NETWORK: 19 CROSS-REFERENCE NO:
CAPE CORAL DIALYSIS CENTER, INC 1510 HANCOCK BRIDGE PARKWAY CAPE CORAL, FL RR904 INTERMEDIARY NO: 00090 PROVIDER NO: 102877	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 102388 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 19 CROSS-REFERENCE NO:

STATE=GEORGIA

EMORY UNIVERSITY HOSP- 1364 CLIFTON RD NE ATLANTA, GA 30322 INTERMEDIARY NO: 00100 PROVIDER NO: 110010	APPROVED AS: TRANSPLANT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 0501R4 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 20 CROSS-REFERENCE NO: 112300
WEST GEORGIA MEDICAL CENTER IRC 1514 VERNON RD BOX 1557 LA GRANGE, GA 30240 INTERMEDIARY NO: 00101 PROVIDER NO: 110018	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 051078 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 20 CROSS-REFERENCE NO:
NORTHEAST GEORGIA MEDICAL CENTER 745 SPRING ST,R.E. GAINESVILLE, GA 30501 INTERMEDIARY NO: 00101 PROVIDER NO: 110025	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: PERITONEAL TRAINING SERVICES: PERITONEAL TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 20 CROSS-REFERENCE NO: 112402
EUGENE TALMADGE MEM HOSP 1120 15TH ST AUGUSTA, GA 30912 INTERMEDIARY NO: 00101 PROVIDER NO: 110054	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 080178 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 20 CROSS-REFERENCE NO: 112405
MEMORIAL MEDICAL CENTER P O BOX 23089 SAVANNAH, GA 31403 INTERMEDIARY NO: 00101 PROVIDER NO: 110036	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 20 CROSS-REFERENCE NO: 112304
SW GEORGIA DIALYSIS FACILITY 112 MIMOSA DR P.O. BOX 1018 THOMASVILLE, GA 31792 INTERMEDIARY NO: 00101 PROVIDER NO: 110038	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 071480 NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 20 CROSS-REFERENCE NO:
THE MEDICAL CTR 710 CENTER ST COLUMBUS, GA 31902 INTERMEDIARY NO: 00101 PROVIDER NO: 110044	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 026 RENAL NETWORK: 20 CROSS-REFERENCE NO: 112806
ATLANTA REGIONAL NEPHROLOGY CTR 80 BUTLER ST SE ATLANTA, GA 30303 INTERMEDIARY NO: 00101 PROVIDER NO: 110075	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 20 CROSS-REFERENCE NO: 112307
PIEDMONT HOSP 105 COLLIER RD ATLANTA, GA 30309 INTERMEDIARY NO: 00101 PROVIDER NO: 110085	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 013 RENAL NETWORK: 20 CROSS-REFERENCE NO: 112305

STATE=GEORGIA CONTINUED

CANDLER CO HOSP CEDAR NO P.O. BOX 867 METTER, GA 30439 INTERMEDIARY NO: 00101 PROVIDER NO: 110098	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 20 CROSS-REFERENCE NO: 112806
HENRIETTA EGLESTON HOSP FOR CHILDREN 1408 CLIFTON RD NE ATLANTA, GA 30322 INTERMEDIARY NO: 00101 PROVIDER NO: 110100	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 010684 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 20 CROSS-REFERENCE NO: 112515
AUGUSTA DIALYSIS CENTER 1109 MEDICAL CTR DR 88A AUGUSTA, GA 30909 INTERMEDIARY NO: 00101 PROVIDER NO: 112801	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 024 RENAL NETWORK: 20 CROSS-REFERENCE NO:
NORTHSIDE DIALYSIS CENTER 955 JOHNSON FERRY NO SLDG DR150 ATLANTA, GA 30342 INTERMEDIARY NO: 00101 PROVIDER NO: 112802	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 024 RENAL NETWORK: 20 CROSS-REFERENCE NO:
DIALYSIS CLINIC 120 PIEDMONT AVE. ATLANTA, GA 30303 INTERMEDIARY NO: 00101 PROVIDER NO: 112805	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 040 RENAL NETWORK: 20 CROSS-REFERENCE NO:
DIA-MEDICAL APPLICATIONS OF ATLANTA 1898 PHOENIX BLVD #1 ATLANTA, GA 30349 INTERMEDIARY NO: 00101 PROVIDER NO: 112804	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 20 CROSS-REFERENCE NO:
COMMUNITY DIALYSIS SERVICE OF NW GA 325-329 W. NINTH ST ROME, GA 30161 INTERMEDIARY NO: 00101 PROVIDER NO: 112808	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 20 CROSS-REFERENCE NO:
CENTRAL GA DIALYSIS CENTER INC 770 PINE ST, SUITE 200 MACON, GA 31201 INTERMEDIARY NO: 00101 PROVIDER NO: 112506	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 041 RENAL NETWORK: 20 CROSS-REFERENCE NO:
COASTAL DIALYSIS MED CLINIC 1450 EAST VICTORY DRIVE SAVANNAH, GA 31404 INTERMEDIARY NO: 00101 PROVIDER NO: 112807	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 030 RENAL NETWORK: 20 CROSS-REFERENCE NO:

STATE=GEORGIA CONTINUED

DIALYSIS CLINIC INC 1200 R JEFFERSON ST ALBANY, GA 31701 INTERMEDIARY NO: 00101 PROVIDER NO: 112509	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 080178 NUMBER OF DIALYSIS STATIONS: 028 RENAL NETWORK: 20 CROSS-REFERENCE NO:
COBB DIALYSIS FACILITY 833 CAMPBELL HILL ST NW40 MARIETTA, GA 30060 INTERMEDIARY NO: 00101 PROVIDER NO: 112610	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 080178 NUMBER OF DIALYSIS STATIONS: 019 RENAL NETWORK: 20 CROSS-REFERENCE NO:
DERALB OMIN NEPHROLOGY NEFENNAL CENTER 497 WINN WAY SUITE 210 DECATUR, GA 30030 INTERMEDIARY NO: 00101 PROVIDER NO: 112611	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 20 CROSS-REFERENCE NO:
DIALYSIS CLINIC INC 826 WEST PEACHTREE ST NE ATLANTA, GA 30308 INTERMEDIARY NO: 00101 PROVIDER NO: 112612	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 080877 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 20 CROSS-REFERENCE NO:
ATHENS DIALYSIS FACILITY INC 2047 PRINCE AVE N A ATHENS, GA 30610 INTERMEDIARY NO: 00101 PROVIDER NO: 112613	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 071877 NUMBER OF DIALYSIS STATIONS: 030 RENAL NETWORK: 20 CROSS-REFERENCE NO:
OLYRN BRUNSWICK DIALYSIS FACILITY 3303 HOPKINS AVE BRUNSWICK, GA 31520 INTERMEDIARY NO: 00101 PROVIDER NO: 112614	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 071477 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 20 CROSS-REFERENCE NO:
COMMURITY DIALYSIS SVCS OF SW GA 2704 N OAK ST BLDG H VALDOSTA, GA 31601 INTERMEDIARY NO: 00101 PROVIDER NO: 112615	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 092977 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 20 CROSS-REFERENCE NO:
MACON DIALYSIS FACILITY INC. N1 BACONSFIELD,SUITE 205 MACON, GA 31211 INTERMEDIARY NO: 00101 PROVIDER NO: 112616	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 110278 NUMBER OF DIALYSIS STATIONS: 032 RENAL NETWORK: 20 CROSS-REFERENCE NO:
CLAYTON DIALYSIS CENTER 110 STOCKBRIDGE RD JONESBORO, GA 30235 INTERMEDIARY NO: 00101 PROVIDER NO: 112617	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 040479 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 20 CROSS-REFERENCE NO:

STATE=GEORGIA CONTINUED

DIALYSIS FACILITIES INC 415 ALBANY AV WAYCROSS, GA 31501 INTERMEDIARY NO: 00101 PROVIDER NO: 112510	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 090679 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 20 CROSS-REFERENCE NO:
OIO-MEDICAL APPLICATIONS OF EASTMAS DRIFFIN ST EASTMAN, GA 31025 INTERMEDIARY NO: 00101 PROVIDER NO: 112515	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 101580 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 20 CROSS-REFERENCE NO:
SOUTHERN DIALYSIS CEN OF CARROLLTON 215 ALABAMA STREET CARROLLTON, GA 30117 INTERMEDIARY NO: 00101 PROVIDER NO: 112520	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 010681 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 20 CROSS-REFERENCE NO:
WILLETTE WALLACE DIALYSIS CENTER 1402 WALTON WAY AUGUSTA, GA 30901 INTERMEDIARY NO: 00101 PROVIDER NO: 112527	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 021581 NUMBER OF DIALYSIS STATIONS: 023 RENAL NETWORK: 20 CROSS-REFERENCE NO:
DIALYSIS CLINIC INC 820 W PEACHTREE NW ATLANTA, GA 30900 INTERMEDIARY NO: 00101 PROVIDER NO: 112622	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 070681 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 20 CROSS-REFERENCE NO:
SW ATLANTA DIALYSIS CTR INC. 3520 MARTIN L KING DR NW ATLANTA, GA 30331 INTERMEDIARY NO: 00101 PROVIDER NO: 112525	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 062481 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 20 CROSS-REFERENCE NO:
DALTON DIALYSIS CLINIC 1401 BUSLEYSON DRIVE DALTON, GA 30720 INTERMEDIARY NO: 00101 PROVIDER NO: 112624	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 011182 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 20 CROSS-REFERENCE NO:
KIDSEY DIALYSIS FACILITY OF TIFTON 1617 JOHN OSS DRIVE TIFTON TIFT, GA 31794 INTERMEDIARY NO: 00101 PROVIDER NO: 112525	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 083082 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 20 CROSS-REFERENCE NO:
DOUGLAS DIALYSIS FACILITY INC 6125 PRESSLEY MILL RD DOUGLASVILLE, GA 30134 INTERMEDIARY NO: 00101 PROVIDER NO: 112525	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 100482 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 20 CROSS-REFERENCE NO:

STATE=GEORGIA CONTINUED

1988 NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

WASHINGTON DIALYSIS FACILITY 121 C DOGWOOD ST WASHINGTON, GA 30673 INTERMEDIARY NO: 00101 PROVIDER NO: 112527	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 102888 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 20 CROSS-REFERENCE NO:
AMERICUS DIALYSIS FACILITY 151N N LEE ST AMERICUS, GA 31709 INTERMEDIARY NO: 00101 PROVIDER NO: 112528	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 022488 NUMBER OF DIALYSIS STATIONS: 015 RENAL NETWORK: 20 CROSS-REFERENCE NO:
GRIFFIN DIALYSIS FACILITY INC 533 W TAYLOR ST GRIFFIN, GA 30223 INTERMEDIARY NO: 00101 PROVIDER NO: 112529	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 081788 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 20 CROSS-REFERENCE NO:
DIALYSIS CLINIC INC 710 FRONT AVE COLUMBUS, GA 31904 INTERMEDIARY NO: 00101 PROVIDER NO: 112530	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 081788 NUMBER OF DIALYSIS STATIONS: 028 RENAL NETWORK: 20 CROSS-REFERENCE NO:
WARNER ROBINS DIALYSIS FACILITY 128 HOSPITAL DR WARNER ROBINS, GA 31098 INTERMEDIARY NO: 00101 PROVIDER NO: 112531	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 071883 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 20 CROSS-REFERENCE NO:
COMMUNITY DIALYSIS SERVICES 1508 S FIRST ST JESUP, GA 31545 INTERMEDIARY NO: 00101 PROVIDER NO: 112532	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 050884 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 20 CROSS-REFERENCE NO:
ATLANTA NEPHROLOGY REFERRAL CTR 4156 NEWTON DR NE COVINGTON, GA 30209 INTERMEDIARY NO: 00101 PROVIDER NO: 112533	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 053184 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 20 CROSS-REFERENCE NO:
SANDERSVILLE DIALYSIS FACILITY 654 S HARRIS ST SANDERSVILLE, GA 31082 INTERMEDIARY NO: 00101 PROVIDER NO: 112534	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 071284 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 20 CROSS-REFERENCE NO:
KIDNEY DIALYSIS FAC OF DOUGLAS 101 BOWEN MILL RD DOUGLAS COFFEE, GA 31535 INTERMEDIARY NO: 00101 PROVIDER NO: 112535	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 021885 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 20 CROSS-REFERENCE NO:

IRRR NATIONAL LINTIRD DF PROVIDERS FURRISHIRD RIDREY DIALYSIS AND TRANSPLANT SERVICES

STATE-DEDROIA CDRTIRUED

TRI-COUNTY DIALYRIN 822 CHICKAMAUGA AVE RDSSVILLE, DA ND741 INTERMEDIARY RO: DD1DI PRDVIDER ND: II26RR	APPROVED AR: DIALYRIR FACILITY RTAFF-ARRIRTED SERVICES: HEMODIALYSIS PERITOREAL RELF-CARE RERVICER: TRAIRIRD RERVICER: HEMODIALYRIR PERITOREAL CAPD TYPE DF DWRERRHIP: PRDFIT	HCFA REDIDR: D4 DATE APPRDVED: D72285 NUMBER DF DIALYSIS STATIONS: DD5 RENAL NETWDRK: I8 CRDSS-REFERENCE RO:
DECATUR COUNTY DIALYSIS FACILITY 700 DDRDDR AVE BAIRRRIDDI, DA R1717 INTERMEDIARY RO: DD1DI PROVIDER RO: II28R7	APPRDVED AS: DIALYRIS FACILITY RTAFF-ARRIRTED RERVICES: HEMODIALYRIS RELF-CARE RERVICER: TRAIRIRD RERVICER: TYPE OF DWRERRHIP: RDRPRDFIT	HCFA REDIDR: D4 DATE APPRDVED: ID1D85 NUMBER DF DIALYSIS STATIORS: DD4 RENAL NETWDRK: 2D CRDSS-REFERENCE RD:
BURRE COURTY DIALYSIR CERTER 404 4TH RTREET EKT. WAYNESBDRD, DA RDSRD INTERMEDIARY RO: DD1DI PRDVIDER RO: II2DKR	APPROVED AR: DIALYRIR FACILITY RTAFF-ARRIRTED RERVICER: HEMODIALYSIS RELF-CARE RERVICES: TRAIRIRD RERVICER: TYPE DF DWRERRHIP: PRDFIT	HCFA REDIDR: D4 DATE APPROVED: I02485 NUMBER DF DIALYSIS STATIONS: DII RENAL NETWDRR: 2D CRDSS-REFERENCE RO:

1988 NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

STATE=GUAM

GUAM MEM HOSP
P O BOX AX
AGANA, GU 96910
INTERMEDIARY NO: 17120
PROVIDER NO: 560001

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 09
DATE APPROVED: 08127T
NUMBER OF DIALYSIS STATIONS: 00R
RENAL NETWORK: 01
CHORR-REFERENCE NO: R82300

1988 NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

STATE=HAWAII

KUAKINI MEDICAL CENTER (ESRD) 347 N KUAKINI STREET HONOLULU, HI 96817 INTERMEDIARY NO: 17120 PROVIDER NO: 120007	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 002 RENAL NETWORK: 01 CROSS-REFERENCE NO: 122800
ST FRANCIS HOSPITAL 2260 LILIHA ST. HONOLULU, HI 96817 INTERMEDIARY NO: 17120 PROVIDER NO: 120010	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 062677 NUMBER OF DIALYSIS STATIONS: 030 RENAL NETWORK: 01 CROSS-REFERENCE NO: 122801
WAHIAWA DIALYSIS FACILITY 126 LEHUA STREET WAHIAWA, HI 96786 INTERMEDIARY NO: 17120 PROVIDER NO: 122800	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 080188 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 01 CROSS-REFERENCE NO:
KUAKINI KIDNEY DISEASE CTR 941 N KUAKINI ST HONOLULU, HI 96817 INTERMEDIARY NO: 17120 PROVIDER NO: 122501	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 080163 NUMBER OF DIALYSIS STATIONS: 026 RENAL NETWORK: 01 CROSS-REFERENCE NO:
HILO HEMODIALYSIS SATELLITE 140 RAINBOW DR HILO, HI 96720 INTERMEDIARY NO: 17120 PROVIDER NO: 128000	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 081477 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 01 CROSS-REFERENCE NO:
MAUI HEMODIALYSIS SATELLITE 285 MAHALARI ST MAUI, HI 96793 INTERMEDIARY NO: 17120 PROVIDER NO: 128501	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 081877 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 01 CROSS-REFERENCE NO:
KAUAI HEMODIALYSIS SATELLITE 4480 KUERE ST #22 LIHUE, HI 96766 INTERMEDIARY NO: 17120 PROVIDER NO: 128502	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 081377 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 01 CROSS-REFERENCE NO:
LEEWARD SATELLITE FACILITY 94-228 LEOKU ST WAIPAH, HI 96797 INTERMEDIARY NO: 17120 PROVIDER NO: 129508	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 01 CROSS-REFERENCE NO:

STATE=IOWA

TRINITY REG HOSP	APPROVED AS: DIALYSIS CENTER	HCFA REGION: 07
S KENYON RD	STAFF-ASSISTED SERVICES: HEMODIALYSIS	DATE APPROVED: 082877
FORT DODGE, IA 50501	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 008
INTERMEDIARY NO: 00141	TRAINING SERVICES: HEMODIALYSIS	RENAL NETWORK: 06
PROVIDER NO: 150015	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO: 162300
IOWA LUTHERAN HOSP	APPROVED AS: DIALYSIS CENTER	HCFA REGION: 07
E. UNIVERSITY AT PENN	STAFF-ASSISTED SERVICES: HEMODIALYSIS	DATE APPROVED: 090877
DES MOINES, IA 50315	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 020
INTERMEDIARY NO: 00140	TRAINING SERVICES: HEMODIALYSIS CAPD	RENAL NETWORK: 06
PROVIDER NO: 150024	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO: 162302
ST LUKE'S HOSP	APPROVED AS: DIALYSIS CENTER	HCFA REGION: 07
1227 E RUSHOLME ST	STAFF-ASSISTED SERVICES: HEMODIALYSIS	DATE APPROVED: 072877
DAVENPORT, IA 52803	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 016
INTERMEDIARY NO: 00140	TRAINING SERVICES: HEMODIALYSIS CAPD	RENAL NETWORK: 06
PROVIDER NO: 150025	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO: 162303
MARY GREELEY MEDICAL CTR(ESRD)	APPROVED AS: DIALYSIS CENTER	HCFA REGION: 07
1ST 11TH ST	STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL	DATE APPROVED: 072877
AMES, IA 50010	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 007
INTERMEDIARY NO: 00140	TRAINING SERVICES: HEMODIALYSIS CAPD	RENAL NETWORK: 06
PROVIDER NO: 150030	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO: 162304
VA HOSP	APPROVED AS: TRANSPLANT/DIALYSIS CENTER	HCFA REGION: 07
HIGHWAY 6 W	STAFF-ASSISTED SERVICES: HEMODIALYSIS	DATE APPROVED: 072777
IOWA CITY, IA 52240	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 016
INTERMEDIARY NO: 00080	TRAINING SERVICES: HEMODIALYSIS	RENAL NETWORK: 06
PROVIDER NO: 15004F	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO: 162305
UNIVERSITY OF IOWA HOSP CLINICS	APPROVED AS: TRANSPLANT/DIALYSIS CENTER	HCFA REGION: 07
NEWTON RD	STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL	DATE APPROVED: 083077
IOWA CITY, IA 52242	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 010
INTERMEDIARY NO: 00140	TRAINING SERVICES: HEMODIALYSIS CAPD	RENAL NETWORK: 06
PROVIDER NO: 150058	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO: 162306
ST FRANCIS HOSP	APPROVED AS: DIALYSIS CENTER	HCFA REGION: 07
3421 W 9TH ST	STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL	DATE APPROVED: 072877
WATERLOO, IA 50702	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 012
INTERMEDIARY NO: 00140	TRAINING SERVICES: HEMODIALYSIS CAPD	RENAL NETWORK: 06
PROVIDER NO: 150057	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO: 162307
MERCY HOSPITAL ESRD	APPROVED AS: DIALYSIS CENTER	HCFA REGION: 07
701 10TH STREET SE	STAFF-ASSISTED SERVICES: HEMODIALYSIS	DATE APPROVED: 031286
CEDAR RAPIDS, IA 52403	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 007
INTERMEDIARY NO: 00140	TRAINING SERVICES: HEMODIALYSIS	RENAL NETWORK: 06
PROVIDER NO: 150079	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO: 162309
HENRY CO HEALTH CTR	APPROVED AS: DIALYSIS FACILITY-HOSP	HCFA REGION: 07
SAUNDERS PARK	STAFF-ASSISTED SERVICES: HEMODIALYSIS	DATE APPROVED: 072877
MOUNT PLEASANT, IA 52641	SELF-CARE SERVICES:	NUMBER OF DIALYSIS STATIONS: 006
INTERMEDIARY NO: 00140	TRAINING SERVICES: HEMODIALYSIS	RENAL NETWORK: 06
PROVIDER NO: 150106	TYPE OF OWNERSHIP: NONPROFIT	CROSS-REFERENCE NO: 162308

STATE=IOWA CONTINUED

MARIAN HEALTH CENTER
801 5TH ST
SIOUX CITY, IA 51101
INTERMEDIARY NO: 00141
PROVIDER NO: 160158

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 07
DATE APPROVED: 072777
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 08
CROSS-REFERENCE NO: 152301

TRI-STATE DIALYSIS
920 N GRANDVIEW
DUBUQUE, IA 52001
INTERMEDIARY NO: 00140
PROVIDER NO: 162000

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 07
DATE APPROVED: 091780
NUMBER OF DIALYSIS STATIONS: 008
RENAL NETWORK: 08
CROSS-REFERENCE NO:

STATE=IDAHO

POCATELLO REGIONAL MEDICAL CTR TBT HOSPITAL WAY POCATELLO, ID 83201 INTERMEDIARY NO: 00110 PROVIDER NO: 130005	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 10 DATE APPROVED: 101184 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 02 CROSS-REFERENCE NO: 1N2N0N
ST ALPHONSUS REGIONAL MED CTR-ESRD 1055 NORTH CURTIS ROAD BOISE, ID 83706 INTERMEDIARY NO: 00110 PROVIDER NO: 130007	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 10 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 02 CROSS-REFERENCE NO: 1N2901
EASTERN IDAHO REGIONAL MED CTR. 2525 S. BLVD-BOX 2077 IDAHO FALLS, ID 83401 INTERMEDIARY NO: 00110 PROVIDER NO: 130018	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 10 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 02 CROSS-REFERENCE NO: 1N2N00
ST BENEDICT'S FAMILY MED CTR-ESRD 709 N LINCOLN JEROME, ID 83338 INTERMEDIARY NO: 00110 PROVIDER NO: 130029	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 10 DATE APPROVED: 020784 NUMBER OF DIALYSIS STATIONS: 003 RENAL NETWORK: 02 CROSS-REFERENCE NO: 1N2N02

STATE=ILLINOIS

EVANSTON HOSPITAL
2650 RIDGE AVE
EVANSTON, IL 60201
INTERMEDIARY NO: 00121
PROVIDER NO: 140010

APPROVED AS: INPATIENT ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 000
RENAL NETWORK: 16
CROSS-REFERENCE NO: 142300

OLESHNO HOSP
1000 BROADWAY
QUINCY, IL 62301
INTERMEDIARY NO: 00121
PROVIDER NO: 140010

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 00
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 012
RENAL NETWORK: 10
CROSS-REFERENCE NO: 142301

MT SINAI HOSP MEDICAL CENTER
CALIFORNIA & 16TH AVE
CHICAGO, IL 60608
INTERMEDIARY NO: 00121
PROVIDER NO: 140010

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 009
RENAL NETWORK: 10
CROSS-REFERENCE NO: 142302

SHERMAN HOSPITAL DIALYSIS CENTER
884 N. CENTER STREET
ELGIN, IL 60120
INTERMEDIARY NO: 00121
PROVIDER NO: 140030

APPROVED AS: DIALYSIS CENTER
STAFF ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 00
DATE APPROVED: 050177
NUMBER OF DIALYSIS STATIONS: 006
RENAL NETWORK: 10
CROSS-REFERENCE NO: 142303

DALESBURG COTTAGE HOSPITAL
690 S KELLOGG ST
DALESBURG, IL 61401
INTERMEDIARY NO: 00121
PROVIDER NO: 140040

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 00
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 007
RENAL NETWORK: 10
CROSS-REFERENCE NO: 142304

WEST SUBURBAN HOSPITAL MEDICAL CENTER
ERIE AT AUSTIN BOULEVARD
OAK PARK, IL 60302
INTERMEDIARY NO: 00121
PROVIDER NO: 140049

APPROVED AS: INPATIENT ONLY
STAFF ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 00
DATE APPROVED: 020183
NUMBER OF DIALYSIS STATIONS: 000
RENAL NETWORK: 10
CROSS-REFERENCE NO: 142305

ST FRANCIS MEDICAL CENTER
1124 W BRADLEY
PEORIA, IL 61603
INTERMEDIARY NO: 00121
PROVIDER NO: 140057

APPROVED AS: TRANSPLANT/DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 00
DATE APPROVED: 072290
NUMBER OF DIALYSIS STATIONS: 027
RENAL NETWORK: 10
CROSS-REFERENCE NO: 142306

MICHAEL REESE HOSP MEDICAL CENTER
LAKESHORE DR AT 31ST ST
CHICAGO, IL 60616
INTERMEDIARY NO: 00121
PROVIDER NO: 140070

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 00
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 023
RENAL NETWORK: 10
CROSS-REFERENCE NO: 142307

VICTORY MEMORIAL HOSPITAL
1324 NORTH SHERIDAN ROAD
WAUKEGAN, IL 60085
INTERMEDIARY NO: 00121
PROVIDER NO: 140094

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 050177
NUMBER OF DIALYSIS STATIONS: 014
RENAL NETWORK: 15
CROSS-REFERENCE NO: 142309

STATE=ILLINOIS CONTINUED

EDGEWATER HOSPITAL 6700 R ASHLAND AVENUE CHICAGO, IL 60660 IRTERMEDIARY RO: 00121 PROVIDER RO: 140087	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAIRING SERVICES: TYPE OF OWRERSHIP: RORPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 RUMBER OF DIALYSIS STATIORS: 008 RENAL RETWORK: 18 CROSS-REFERENCE RO: 142309
URIVERSITY OF CHICAGO HOSP ARD CLIRIC 1164 E 55TH ST CHICAGO, IL 60615 IRTERMEDIARY RO: 00121 PROVIDER RO: 140088	APPROVED AS: TRARSPLART/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAIRING SERVICES: HEMODIALYSIS CAPD TYPE OF OWRERSHIP: RORPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 RUMBER OF DIALYSIS STATIORS: 018 RENAL RETWORK: 18 CROSS-REFERENCE RO: 142310
HIGHLARD PARK HOSPITAL 718 OLERVIEW AVERUE HIGHLARD PARK, IL 60035 IRTERMEDIARY RO: 00121 PROVIDER RO: 140108	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAIRING SERVICES: HEMODIALYSIS TYPE OF OWRERSHIP: RORPROFIT	HCFA REGION: 05 DATE APPROVED: 110680 RUMBER OF DIALYSIS STATIORS: 006 RENAL RETWORK: 18 CROSS-REFERENCE RO:
MERCY HOSPITAL 1400 W PARK ST URBARA, IL 61801 IRTERMEDIARY RO: 00121 PROVIDER RO: 140113	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAIRING SERVICES: HEMODIALYSIS CAPD TYPE OF OWRERSHIP: RORPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 RUMBER OF DIALYSIS STATIORS: 010 RENAL RETWORK: 18 CROSS-REFERENCE RO: 142311
RUSH-PRESBYTERIAR-ST LUKES MED CTR 1753 WEST CORGRESS PARKWAY CHICAGO, IL 60612 IRTERMEDIARY RO: 00121 PROVIDER RO: 140119	APPROVED AS: TRARSPLART/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAIRING SERVICES: HEMODIALYSIS CAPD TYPE OF OWRERSHIP: RONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 RUMBER OF DIALYSIS STATIORS: 010 RENAL RETWORK: 18 CROSS-REFERENCE RO: 142312
COOK COURTY HOSPITAL 1825 W HARRISOR ST CHICAGO, IL 60612 IRTERMEDIARY RO: 00121 PROVIDER RO: 140124	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAIRING SERVICES: TYPE OF OWRERSHIP: RORPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 RUMBER OF DIALYSIS STATIORS: 012 RENAL RETWORK: 18 CROSS-REFERENCE RO: 142313
MEMORIAL MEDICAL CENTER 800 R RUTLEDGE ST SPRIROFIELD, IL 62781 IRTERMEDIARY RO: 00121 PROVIDER RO: 140148	APPROVED AS: TRARSPLART/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAIRING SERVICES: CAPD TYPE OF OWRERSHIP: RORPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 RUMBER OF DIALYSIS STATIORS: 000 RENAL RETWORK: 18 CROSS-REFERENCE RO: 142314
URIVERSITY OF ILLIROIS HOSPITAL 840 S WOOD ST CHICAGO, IL 60612 IRTERMEDIARY RO: 00121 PROVIDER RO: 140150	APPROVED AS: TRARSPLART/DIALYSIS CERTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAIRING SERVICES: CAPD TYPE OF OWRERSHIP: RORPROFIT	HCFA REGION: 06 DATE APPROVED: 090177 RUMBER OF DIALYSIS STATIORS: 010 RENAL RETWORK: 18 CROSS-REFERENCE RO: 142315
CHICAGO CERTER HOSPITAL 426 WEST WISCORSIR CHICAGO, IL 60614 IRTERMEDIARY RO: 00121 PROVIDER RO: 140153	APPROVED AS: IRPATIERT ORLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAIRING SERVICES: TYPE OF OWRERSHIP: RORPROFIT	HCFA REGION: 06 DATE APPROVED: 110182 RUMBER OF DIALYSIS STATIORS: 000 RENAL RETWORK: 18 CROSS-REFERENCE RO: 142317

STATE-ILLINOIS CONTINUED

ST MARYS HOSP
500 W COURT ST
KANKAKEE, IL 60901
INTERMEDIARY NO: 00121
PROVIDER NO: 140155

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 014
RENAL NETWORK: 15
CROSS-REFERENCE NO: 142515

CHICAGO OSTEOPATHIC MEDICAL CTR
5200 S ELLIS AVENUE
CHICAGO, IL 60615
INTERMEDIARY NO: 00121
PROVIDER NO: 140172

APPROVED AS: INPATIENT ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 092282
NUMBER OF DIALYSIS STATIONS: 000
RENAL NETWORK: 15
CROSS-REFERENCE NO: 142519

ST ELIZABETH HOSPITAL
211 SOUTH 3RD STREET
BELLEVILLE, IL 62221
INTERMEDIARY NO: 00121
PROVIDER NO: 140187

APPROVED AS: INPATIENT ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 092082
NUMBER OF DIALYSIS STATIONS: 000
RENAL NETWORK: 05
CROSS-REFERENCE NO: 142520

INGALLS MEMORIAL HOSPITAL
ONE INGALLS DRIVE
HARVEY, IL 60426
INTERMEDIARY NO: 00121
PROVIDER NO: 140181

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL
TRAINING SERVICES: HEMODIALYSIS
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 017
RENAL NETWORK: 15
CROSS-REFERENCE NO: 142521

ELMHURST MEMORIAL HOSPITAL
200 BERTEAU AVE
ELMHURST, IL 60126
INTERMEDIARY NO: 00121
PROVIDER NO: 140200

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 019
RENAL NETWORK: 15
CROSS-REFERENCE NO: 142522

MOLINE PUBLIC HOSPITAL
555 10TH AVE
MOLINE, IL 61265
INTERMEDIARY NO: 00121
PROVIDER NO: 140204

APPROVED AS: INPATIENT ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 101981
NUMBER OF DIALYSIS STATIONS: 000
RENAL NETWORK: 05
CROSS-REFERENCE NO:

CHRIST HOSPITAL
4440 W 95TH STREET
OAK LAWN, IL 60453
INTERMEDIARY NO: 00121
PROVIDER NO: 140208

APPROVED AS: INPATIENT ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 000
RENAL NETWORK: 15
CROSS-REFERENCE NO: 142525

SILVER CROSS HOSP
1200 MAPLE RD
JOLIET, IL 60452
INTERMEDIARY NO: 00121
PROVIDER NO: 140215

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 014
RENAL NETWORK: 15
CROSS-REFERENCE NO: 142524

LAKEVIEW MEDICAL CENTER
512 NORTH LOGAN AVE
DANVILLE, IL 61832
INTERMEDIARY NO: 00121
PROVIDER NO: 140219

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 011
RENAL NETWORK: 15
CROSS-REFERENCE NO: 142525

STATE=ILLINOIS CONTINUED

ST JOSEPHS HOSP 2900 NORTH LAKE SHORE DRIVE CHICAGO, IL 60657 INTERMEDIARY NO: 00I2I PROVIDER NO: 140224	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 110488 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 15 CROSS-REFERENCE NO: 142828
ROCKFORD MEM HOSP-ESRD 2400 N ROCKTON AVE ROCKFORD, IL 61101 INTERMEDIARY NO: 51140 PROVIDER NO: I40239	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 01N RENAL NETWORK: 15 CROSS-REFERENCE NO: 142820
LOYOLA UNIV MEDICAL CENTER 2160 S 1ST ST MAYWOOD, IL 60153 INTERMEDIARY NO: 00121 PROVIDER NO: 140276	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 015 RENAL NETWORK: 15 CROSS-REFERENCE NO: 142828
NORTHWESTERN MEMORIAL HOSPITAL 250 E SUPERIOR, RM 446 CHICAGO, IL 60611 INTERMEDIARY NO: 00I21 PROVIDER NO: I4028I	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 026 RENAL NETWORK: 15 CROSS-REFERENCE NO: 142880
NILES DAY JOHN SPRINGMAR SATEL UNIT 7332 MILWAUKEE AVE. NILES, IL 60648 INTERMEDIARY NO: 00121 PROVIDER NO: 142500	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 15 CROSS-REFERENCE NO:
NEOMEDICA DIALYSIS CTR INC.-NORTH 4600 N KILPATRICK AVE CHICAGO, IL 60630 INTERMEDIARY NO: 00I21 PROVIDER NO: I4250I	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 15 CROSS-REFERENCE NO:
NEOMEDICA DIALYSIS CTR INC-LOOP 66 E SUPERIOR ST CHICAGO, IL 60611 INTERMEDIARY NO: 00I2I PROVIDER NO: 142502	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 043 RENAL NETWORK: 15 CROSS-REFERENCE NO:
YORKTOWN DIALYSIS CENTER 2621 FAIRFIELD AVE LOMBARD, IL 60148 INTERMEDIARY NO: 00I21 PROVIDER NO: 142503	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 15 CROSS-REFERENCE NO:
OAK PARK COMMUNITY DIALYSIS CTR. 733 W MADISON ST OAK PARK, IL 60302 INTERMEDIARY NO: 00121 PROVIDER NO: 142504	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 15 CROSS-REFERENCE NO:

1988 NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

STATE-ILLINOIS CONTINUED

SOUTH CENTRAL DIALYSIS CENTERS SC 55 EAST WASHINGTON 11TH FLOOR CHICAGO, IL 60602 INTERMEDIARY NO: 00121 PROVIDER NO: 142008	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 028 RENAL NETWORK: 15 CROSS-REFERENCE NO:
CHICAGO KIDNEY CTR 640 W. WASHINGTON CHICAGO, IL 60606 INTERMEDIARY NO: 00121 PROVIDER NO: 142606	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 05 DATE APPROVED: 050177 NUMBER OF DIALYSIS STATIONS: 035 RENAL NETWORK: 15 CROSS-REFERENCE NO:
ALEXIAN BROTHERS KIDNEY CTR 800 BIESTERFIELD RD ELK GROVE VILLAGE, IL 60007 INTERMEDIARY NO: 00121 PROVIDER NO: 142007	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 15 CROSS-REFERENCE NO:
SOUTH SIDE DIALYSIS UNIT 7721 S WESTERN CHICAGO, IL 60620 INTERMEDIARY NO: 00121 PROVIDER NO: 142008	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 05 DATE APPROVED: 050177 NUMBER OF DIALYSIS STATIONS: 035 RENAL NETWORK: 15 CROSS-REFERENCE NO:
CENTRAL DUPAGE HOSP KIDNEY CTR 020 S. WINFIELD WINFIELD, IL 60190 INTERMEDIARY NO: 00121 PROVIDER NO: 142606	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SIRVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 10 CROSS-REFERENCE NO:
BIO-MEDICAL APPLICATIONS OF EVANSTON 1000 DAKTONS EVANSTON, IL 60201 INTERMEDIARY NO: 00121 PROVIDER NO: 142011	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICED: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 15 CROSS-REFERENCE NO:
NORTHWEST SUBURBAN NEPHROLOGY CENTER 000 NORTHCOURT ST PALATINE, IL 60067 INTERMEDIARY NO: 00121 PROVIDER NO: 142512	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 15 CROSS-REFERENCE NO:
BIO MEDICAL APPLICATIONS WESTOWNMALL CASSOPOLE, IL 62901 INTERMEDIARY NO: 00121 PROVIDER NO: 142514	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 05 DATE APPROVED: 050177 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 15 CROSS-REFERENCE NO:
AURORA KIDNEY CENTER 515 SOUTH LINCOLN AVENUE AURORA, IL 60505 INTERMEDIARY NO: 00121 PROVIDER NO: 142515	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 00 DATE APPROVED: 050177 NUMBER OF DIALYSIS STATIONS: 013 RENAL NETWORK: 15 CROSS-REFERENCE NO:

STATE=ILLINOIS CONTINUED

JACKSON PARK DIALYSIS UNIT
7631 SOUTH STOREY ISLAND
CHICAGO, IL 60649
INTERMEDIARY NO: 00121
PROVIDER NO: 142616

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 05
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 022
RENAL NETWORK: 15
CROSS-REFERENCE NO:

SOUTH SUBURBAN KIDNEY UNIT
2601 W LINCOLN HIGHWAY
OLYMPIA FIELDS, IL 60461
INTERMEDIARY NO: 00121
PROVIDER NO: 142617

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 05
DATE APPROVED: 040678
NUMBER OF DIALYSIS STATIONS: 022
RENAL NETWORK: 15
CROSS-REFERENCE NO:

NORTH CENTRAL DIALYSIS CTRS SOUTHSIDE
6116 S CICERO AVE
OAK LAWN, IL 60453
INTERMEDIARY NO: 00121
PROVIDER NO: 142618

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 05
DATE APPROVED: 090178
NUMBER OF DIALYSIS STATIONS: 024
RENAL NETWORK: 15
CROSS-REFERENCE NO:

NEOMEDICA DIALYSIS CTR INC-SOUTH
6212 S. CHICAGO AVE.
CHICAGO, IL 60617
INTERMEDIARY NO: 00121
PROVIDER NO: 142619

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 05
DATE APPROVED: 101878
NUMBER OF DIALYSIS STATIONS: 036
RENAL NETWORK: 15
CROSS-REFERENCE NO:

DUPAGE DIALYSIS LTD
440 E OGDEN AVE
HINSDALE, IL 60521
INTERMEDIARY NO: 00121
PROVIDER NO: 142620

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL
TRAINING SERVICES: HEMODIALYSIS PERITONEAL
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 051878
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 15
CROSS-REFERENCE NO:

GEOMEDICA DIALYSIS CTR INC-NW
4701 N CUMBERLAND
GORRIDGE, IL 60666
INTERMEDIARY NO: 00121
PROVIDER NO: 142521

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 05
DATE APPROVED: 101778
NUMBER OF DIALYSIS STATIONS: 006
RENAL NETWORK: 15
CROSS-REFERENCE NO:

GORTH CENTRAL DIALYSIS-NORTH
2277 W HOWARD
CHICAGO, IL 60646
INTERMEDIARY NO: 00121
PROVIDER NO: 142622

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 05
DATE APPROVED: 122178
NUMBER OF DIALYSIS STATIONS: 016
RENAL NETWORK: 15
CROSS-REFERENCE NO:

BELMORT DIALYSIS CENTER
4640 WEST BELMORT
CHICAGO, IL 60641
INTERMEDIARY NO: 00121
PROVIDER NO: 142623

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 05
DATE APPROVED: 120378
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 15
CROSS-REFERENCE NO:

GEOMEDICA DIALYSIS CTR INC-SW
3500 S EMERALD AVE
CHICAGO, IL 60609
INTERMEDIARY NO: 00121
PROVIDER NO: 142624

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL
TRAINING SERVICES: HEMODIALYSIS
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 05
DATE APPROVED: 060178
NUMBER OF DIALYSIS STATIONS: 020
RENAL NETWORK: 15
CROSS-REFERENCE NO:

STATE-ILLINOIS CONTINUED

NEOMEDICA DIALYSIS CTR INC-NO CENTRAL
1845 NICKS RD
ROLLING MEADOWS, IL 60008
INTERMEDIARY NO: 00121
PROVIDER NO: 142628

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 05
DATE APPROVED: 010681
NUMBER OF DIALYSIS STATIONS: 006
RENAL NETWORK: 15
CROSS-REFERENCE NO:

QUAD CITIES RENAL CENTER
550 30TH AVE
MOLINE, IL 61265
INTERMEDIARY NO: 00121
PROVIDER NO: 142625

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 05
DATE APPROVED: 080381
NUMBER OF DIALYSIS STATIONS: 014
RENAL NETWORK: 08
CROSS-REFERENCE NO:

RENAL CARE OF ILLINOIS
5105 W MAIN ST
BELLEVILLE, IL 62226
INTERMEDIARY NO: 00241
PROVIDER NO: 142627

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 05
DATE APPROVED: 090882
NUMBER OF DIALYSIS STATIONS: 024
RENAL NETWORK: 09
CROSS-REFERENCE NO:

LINCOLN PARK NEPHROLOGY ASSOC.
2051 SEDGWICK
CHICAGO, IL 60614
INTERMEDIARY NO: 00121
PROVIDER NO: 142629

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 110182
NUMBER OF DIALYSIS STATIONS: 011
RENAL NETWORK: 15
CROSS-REFERENCE NO:

HYDE PARK KIDNEY CTR
1431-39 EAST 53RD ST
CHICAGO, IL 60615
INTERMEDIARY NO: 00121
PROVIDER NO: 142629

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 092282
NUMBER OF DIALYSIS STATIONS: 014
RENAL NETWORK: 15
CROSS-REFERENCE NO:

WEST SUBURBAN HOSP DIALYSIS UNIT
ERIE AT AUSTIN
OAK PARK, IL 60302
INTERMEDIARY NO: 00121
PROVIDER NO: 142630

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 05
DATE APPROVED: 020183
NUMBER OF DIALYSIS STATIONS: 017
RENAL NETWORK: 15
CROSS-REFERENCE NO:

NEOMEDICA DIALYSIS CTR INC-NL
2600 N. SHERIDAN RD
CHICAGO, IL 60657
INTERMEDIARY NO: 00121
PROVIDER NO: 142631

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 05
DATE APPROVED: 110483
NUMBER OF DIALYSIS STATIONS: 013
RENAL NETWORK: 15
CROSS-REFERENCE NO:

MOUNT VERNON KIDNEY CENTER
2401 VETERANS MEMORIAL DR
MOUNT VERNON, IL 62864
INTERMEDIARY NO: 00121
PROVIDER NO: 142632

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 05
DATE APPROVED: 111583
NUMBER OF DIALYSIS STATIONS: 006
RENAL NETWORK: 15
CROSS-REFERENCE NO:

MACNEAL RENAL LIFELINE SVCS
3231 S EUCLID AVE
BERWYN, IL 60402
INTERMEDIARY NO: 00121
PROVIDER NO: 142633

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 05
DATE APPROVED: 061185
NUMBER OF DIALYSIS STATIONS: 006
RENAL NETWORK: 15
CROSS-REFERENCE NO:

STATE=ILLINOIS CONTINUED

CHILDREN'S MEMORIAL HOSPITAL
2300 CHILDREN'S PLAZA
CHICAGO, IL 60614
INTERMEDIARY NO: 00121
PROVIDER NO: 143300

APPROVED AS: TRANSPLANT/DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 090183
NUMBER OF DIALYSIS STATIONS: 004
RENAL NETWORK: 18
CROSS-REFERENCE NO: 142891

EFFINGHAM LIMITED CARE FACILITY
205 N 4TH ST
EFFINGHAM, IL 62401
INTERMEDIARY NO: 00121
PROVIDER NO: 143501

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 18
CROSS-REFERENCE NO:

SPRINGFIELD LIMITED CARE FACILITY
2 DRAWBRIDGE RD
SPRINGFIELD, IL 62704
INTERMEDIART NO: 00121
PROVIDER NO: 143504

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL
TRAINING SERVICES: HEMODIALYSIS PERITONEAL
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 017
RENAL NETWORK: 18
CROSS-REFERENCE NO:

JACKSONVILLE LIMITED CARE FACILITY
1515 W WALNUT ST
JACKSONVILLE, IL 62650
INTERMEDIARY NO: 00121
PROVIDER NO: 143505

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL
TRAINING SERVICES: HEMODIALYSIS
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 008
RENAL NETWORK: 18
CROSS-REFERENCE NO:

DECATUR LIMITED CARE FACILITY
2300 NORTH EDWARD
DECATUR, IL 62526
INTERMEDIART NO: 00121
PROVIDER NO: 143506

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL
TRAINING SERVICES: HEMODIALYSIS
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 008
RENAL NETWORK: 18
CROSS-REFERENCE NO:

KATHERINE SHAW BETHEA DIALYSIS UNIT
303 E FIRST ST
DIXON, IL 61021
INTERMEDIARY NO: 11140
PROVIDER NO: 143508

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 100275
NUMBER OF DIALYSIS STATIONS: 004
RENAL NETWORK: 18
CROSS-REFERENCE NO:

CRYSTAL LAKE AMBUTAL
4900 SOUTH ROUTE 31
CRYSTAL LAKE, IL 60014
INTERMEDIARY NO: 00121
PROVIDER NO: 143509

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 012881
NUMBER OF DIALYSIS STATIONS: 004
RENAL NETWORK: 18
CROSS-REFERENCE NO:

BLOOMINGTON HOSPITAL ESRD UNIT
203 LOCUST ST
BLOOMINGTON, IL 61701
INTERMEDIARY NO: 00121
PROVIDER NO: 143510

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 080181
NUMBER OF DIALYSIS STATIONS: 008
RENAL NETWORK: 18
CROSS-REFERENCE NO:

ST MARGARET HOSP ESRD UNIT
600 EAST FIRST ST
SPRING VALLEY, IL 61362
INTERMEDIARY NO: 00121
PROVIDER NO: 143511

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 062781
NUMBER OF DIALYSIS STATIONS: 011
RENAL NETWORK: 18
CROSS-REFERENCE NO:

ISHH NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

STATE-INDIANA

ST ELIZABETH HOSP MED CENTER 1501 HARTFORD STREET LAFAYETTE, IN 47904 INTERMEDIARY NO: 00150 PROVIDER NO: 150005	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITOREAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITOREAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 050179 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 15 CROSS-REFERENCE NO:
ST MARGARET HOSP 5454 HOHMAN AVE HAMMOND, IN 46320 INTERMEDIARY NO: 00150 PROVIDER NO: 150004	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITOREAL SELF-CARE SERVICES: HEMODIALYSIS PERITOREAL TRAINING SERVICES: HEMODIALYSIS PERITOREAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 050177 NUMBER OF DIALYSIS STATIONS: 031 RENAL NETWORK: 15 CROSS-REFERENCE NO: 152300
ST JOSEPHS HOSP 811 E MADISON ST SOUTH BEND, IN 46617 INTERMEDIARY NO: 00150 PROVIDER NO: 150012	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 050177 NUMBER OF DIALYSIS STATIONS: 030 RENAL NETWORK: 15 CROSS-REFERENCE NO: 152301
THE LUTHERAN HOSP OF FORT WAYNE 5D24 FAIRFIELD AVE FORT WAYNE, IN 46807 INTERMEDIARY NO: 00150 PROVIDER NO: 150017	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 050177 NUMBER OF DIALYSIS STATIONS: 025 RENAL NETWORK: 15 CROSS-REFERENCE NO: 152302
UNION HOSPITAL INC 1505 E 7TH ST TERRE HAUTE, IN 47801 INTERMEDIARY NO: 00150 PROVIDER NO: 150025	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 062980 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 15 CROSS-REFERENCE NO:
INDIANA UNIVERSITY HOSPITALS 1100 WEST MICHIGAN ST INDIANAPOLIS, IN 46202 INTERMEDIARY NO: 00150 PROVIDER NO: 150062	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 027 RENAL NETWORK: 15 CROSS-REFERENCE NO: 152304
GOOD SAMARITAN HOSPITAL 520 SOUTH 7TH STREET VINCENNES, IN 47591 INTERMEDIARY NO: 00130 PROVIDER NO: 150042	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 050177 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 15 CROSS-REFERENCE NO: 152305
METHODIST HOSP OF INDIANA INC 1504 N CAPITOL AV INDIANAPOLIS, IN 46202 INTERMEDIARY NO: 00130 PROVIDER NO: 150056	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 15 CROSS-REFERENCE NO: 152305
ST VINCENT HOSPITAL 1717 W 86TH ST INDIANAPOLIS, IN 46260 INTERMEDIARY NO: 00130 PROVIDER NO: 150054	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 030278 NUMBER OF DIALYSIS STATIONS: 013 RENAL NETWORK: 15 CROSS-REFERENCE NO:

STATE=INDIANA CONTINUED

BALL MEM HOSP ASSOCIATION INC
2401 UNIVERSITY AVE
MUNCIE, IN 47302
INTERMEDIARY NO: 00130
PROVIDER NO: 150089

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 091178
NUMBER OF DIALYSIS STATIONS: 012
RENAL NETWORK: 18
CROSS-REFERENCE NO:

TRI-STATE RENAL DISEASE CENTER
5700 WASHINGTON AVENUE
EVANSVILLE, IN 47715
INTERMEDIARY NO: 00150
PROVIDER NO: 150100

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 050177
NUMBER OF DIALYSIS STATIONS: 000
RENAL NETWORK: 18
CROSS-REFERENCE NO: 152007

ST ANTHONY MEDICAL CENTER
MAIN AND FRANCISCAN RD
CROWN POINT, IN 46307
INTERMEDIARY NO: 00150
PROVIDER NO: 150125

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 112181
NUMBER OF DIALYSIS STATIONS: 008
RENAL NETWORK: 18
CROSS-REFERENCE NO:

DIALYSIS INSTITUTE OF INDIANA INC
2140 N CAPITOL AVE
INDIANAPOLIS, IN 46224
INTERMEDIARY NO: 00150
PROVIDER NO: 152500

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 05
DATE APPROVED: 100181
NUMBER OF DIALYSIS STATIONS: 044
RENAL NETWORK: 18
CROSS-REFERENCE NO:

ST MARGARET HOSPITAL SOUTHLAKE UNIT
5701 BROADWAY
MERRILLVILLE, IN 46410
INTERMEDIARY NO: 00150
PROVIDER NO: 156500

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 112861
NUMBER OF DIALYSIS STATIONS: 004
RENAL NETWORK: 18
CROSS-REFERENCE NO:

ST MARGARET HOSP RENAL DIALYSIS FAC
600 GRANT ST-METHODIST HOSPITAL
GARY, IN 46408
INTERMEDIARY NO: 00130
PROVIDER NO: 153501

APPROVED AS: DIALTSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 081586
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 18
CROSS-REFERENCE NO:

STATE=KANSAS

ASSURY HOSP 400 S SANTA FE SALINA, KS 67401 INTERMEDIARY NO: 00160 PROVIDER NO: 170012	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 07 DATE APPROVED: 061786 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 09 CROSS-REFERENCE NO: 172505
ST FRANCIS HOSP AND MED CTR 1700 W 7TH ST TOPEKA, KS 66606 INTERMEDIARY NO: 00160 PROVIDER NO: 170018	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 07 DATE APPROVED: 072177 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 09 CROSS-REFERENCE NO: 172300
UNIVERSITY OF KANSAS MEDICAL CENTER 39TH ST N RAINBOW BLVD KANSAS CITY, KS 66103 INTERMEDIARY NO: 00241 PROVIDER NO: 170040	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 07 DATE APPROVED: 052977 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 09 CROSS-REFERENCE NO: 172301
ST FRANCIS HOSP 929 N ST FRANCIS AVE WICHITA, KS 67214 INTERMEDIARY NO: 00160 PROVIDER NO: 170122	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 07 DATE APPROVED: 070780 NUMBER OF DIALYSIS STATIONS: 043 RENAL NETWORK: 09 CROSS-REFERENCE NO: 172303
JOHNSON COUNTY DIALYSIS INC 5383 MELROSE LENEXA, KS 66214 INTERMEDIARY NO: 00241 PROVIDER NO: 172801	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 07 DATE APPROVED: 060683 NUMBER OF DIALYSIS STATIONS: 013 RENAL NETWORK: 09 CROSS-REFERENCE NO:
SALINE COUNTY DIALYSIS 700 EAST IRON SALINA, KS 67401 INTERMEDIARY NO: 00140 PROVIDER NO: 172802	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 07 DATE APPROVED: 061786 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 09 CROSS-REFERENCE NO:
ST FRANCIS DIALYSIS FAC-DODGE CITY 100 ROSS BLVD DODGE CITY, KS 67801 INTERMEDIARY NO: 00160 PROVIDER NO: 173600	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 07 DATE APPROVED: 022784 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 09 CROSS-REFERENCE NO:

1985 NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

STATE=KENTUCKY

ASHLAND KIDNEY CENTER 2140 WINCHESTER AVE ASHLAND, KY 41101 INTERMEDIARY NO: 00160 PROVIDER NO: 180036	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 031884 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 17 CROSS-REFERENCE NO: 182300
OWENSBORO-DAVIESS CO HOSP- 1101 PEARL ST,P.O. BOX 1099 OWENSBORO, KY 42301 INTERMEDIARY NO: 00160 PROVIDER NO: 180030	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 17 CROSS-REFERENCE NO: 182301
JEWISH HOSP 217 E CHESTNUT ST LOUISVILLE, KY 40202 INTERMEDIARY NO: 00160 PROVIDER NO: 180040	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 17 CROSS-REFERENCE NO: 182302
JERRIE STUART MEMORIAL HOSP HOSPITAL LANE HOPKINSVILLE, KY 42240 INTERMEDIARY NO: 00160 PROVIDER NO: 180051	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 17 CROSS-REFERENCE NO: 182304
UNIVERSITY OF KENTUCKY MEDICAL CENTER 800 ROSE STREET LEXINGTON, KY 40536 INTERMEDIARY NO: 00160 PROVIDER NO: 180057	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 17 CROSS-REFERENCE NO: 182306
LOURDES HOSP 1850 LONE OAK ROAD PADUCAH, KY 42001 INTERMEDIARY NO: 00160 PROVIDER NO: 180102	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 17 CROSS-REFERENCE NO: 182305
U OF LOUISVILLE RENAL DIALYSIS UNIT 600 S FLOYD LOUISVILLE, KY 40292 INTERMEDIARY NO: 00160 PROVIDER NO: 182601	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 021 RENAL NETWORK: 17 CROSS-REFERENCE NO:
DIALYSIS CLINIC INC 1363 LEESTOWN RD LEXINGTON, KY 40508 INTERMEDIARY NO: 00160 PROVIDER NO: 182602	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 17 CROSS-REFERENCE NO:
GIO MEDICAL APPLICATIONS OF LOUISVILLE 224 E BROADWAY LOUISVILLE, KY 40202 INTERMEDIARY NO: 00160 PROVIDER NO: 182603	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 040 RENAL NETWORK: 17 CROSS-REFERENCE NO:

STATE-KERTUCKY CDBTIRUED

WDDDLARD DIALYRIR FACILITY 912 WDDDLARD DR ELIZARETHTDWR, KY 427DI ISTERMEDIARY RD: DD1RD PRDVIDER BD: 1R28D4	APPRDVED AR: DIALYRIR FACILITY RTAFF-ARRIRTED RERVICER: HEMDDIALYSIS RELF-CARE RERVICER: TRAIRIND RERVICER: PERITDREAL CAPD TYPR DF DWRERRHIP: PRDPIT	HCFA BEDIDR: D4 DATE APPBDVED: D9D177 RUMBES OF DIALYSIS STATIDRS: DI4 RERAL RETWDRK: I7 CBDRS-BEFERERCE RD:
BDWLIRD DREER HEMDDIALYRIR CERTER I884 LYDA AVR BDWLIRD DRERR, KY 421DI ISTERMEDIARY BD: DD1RD PBDVIDER RD: 1R28D5	APFRDVED AS: DIALYSIS FACILITY RTAFF-ARRIRTED RERVICER: HEMDDIALYSIS RELF-CARR RERVICER: HEMDDIALYRIS TRAIRIRD BERVICER: HEMDDIALYSIR CAPD TYPE DF DWRERRHIP: PRDPIT	HCFA BEDIDR: D4 DATE AFFBDVED: D8I678 RUMBES OF DIALYSIS STATIDRS: DIO RERAL RETWDSK: I7 CBDSS-BEFERERCE BD:
TBDVER CLIR FDURDATIDR BERAL DIALYSIR 538 B FBABKLIR RT MADISDRVILLE, KY 42481 IRTERMEDIARY RD: DD1RD PBDVIDER RD: 1R28DR	APPRDVED AR: DIALYRIR FACILITY RTAFF-ARRIRTED RERVICER: HEMDDIALYSIS RELF-CARE RERVICES: TRAIRIRD RERVICER: TYPR DF DWRERRHIP: RDRPBDFIT	HCFA BEDIDR: D4 OATE AFFBDVEO: D92078 RUMBES OF DIALYSIS STATIDRS: ODB RERAL RETWDRK: I7 CRDSB-REFERERCE RD:
HIDHLARDR DIALYSIS FACILITY F.D. DDK R AUKIER, KY 418D2 ISTERMEDIABY RD: DD1RD PBDVIDER RD: 1D28D7	AFFBDVED AS: DIALYSIS FACILITY BTAPF-ARRIRTED RERVICES: HEMDDIALYSIR RELF-CARE RERVICER: TRAIRIRD BERVICER: HEMDDIALYSIR CAPD TYPR DF DWRERRHIP: RDRPRDFIT	HCFA BEDIDR: D4 DATE APPRDVED: D4D279 RUMBES DF DIALYSIS STATIDRS: DID RERAL BETWDRK: I7 CRDSS-REFERERCE BD:
DIALYSIS CLIBIC IRC 5DD B MAIB ST CDRDIR, KY 4D7D1 ISTERMEDIABY RD: DD1RD PRDVIDER BD: 1R28DR	APPBDVED AR: DIALYSIS FACILITY RTAFF-ARRIRTED RERVICER: HEMDDIALYSIS SELF-CARE RERVICES: TBAIRIRD BERVICER: TYPE DF DWRERRHIP: RDRPRDFIT	HCFA REDIDR: D4 OATE APPROVED: DII48D RUMBER OF DIALYSIS STATIDRS: DI2 BERAL BETWDRK: I7 CBDSS-REFERERCE BD:
DIALYSIS CLIBIC IRC 448 CLIBIC DR MDREHEAD, KY 4D351 ISTERMEDIARY RD: DD1RD PBDVIDER BD: 1D28D9	AFFBDVED AS: DIALYSIS FACILITY RTAFF-ARRIRTED BERVICER: HEMDDIALYRIS SELF-CARE BERVICES: TRAIRIRD RERVICER: TYPE DF DWRESRHIP: RDRPRDFIT	HCFA REDIDR: D4 DATE APPRDVED: D4D78D RUMBER OF DIALYSIS STATIDBS: ODB RERAL RETWDRK: I7 CRDSS-REFERERCE BD:
CDMMURITY LIMITED CARE DIALYSIS CTB 9DD MEDICAL VILLADE DR EDDEWDDD, KY 41DI7 IRTERMEDIARY RD: DD1RD PRDVIDES BD: ID2811	AFFRDVED AR: DIALYSIS FACILITY RTAFF-ABSIRTED RERVICES: HEMDDIALYSIS SELF-CARE SERVICERS: TBAIRIRD RERVICER: TYPE DF DWRERSHIP: RDRPBDFIT	HCFA REDIDR: D4 DATE AFFBDVED: D8D283 RUMBES DF DIALYSIS STATIDBS: DIO BERAL RETWDSK: I7 CRDSS-REFERERCE BD:

STATE=LOUISIANA

CHARITY HOSP OF NEW ORLEANS
1532 TULANE AVE
NEW ORLEANS, LA 70140
INTERMEDIARY NO: 00170
PROVIDER NO: 190005

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 06
DATE APPROVED: 081RR4
NUMBER OF DIALYSIS STATIONS: 011
RENAL NETWORK: 12
CROSS-REFERENCE TO: 192R00

UNIVERSITY MEDICAL CENTER
2390 WEST CONGRESS
LAFAYETTE, LA 70502
INTERMEDIARY NO: 00170
PROVIDER NO: 190006

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITOREAL
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 06
DATE APPROVED: 071186
NUMBER OF DIALYSIS STATIONS: 004
RENAL NETWORK: 12
CROSS-REFERENCE NO: 1R2816

ST PATRICK HOSP OF LAKE CHARLES
524 S RYAN
LAKE CHARLES, LA 70601
INTERMEDIARY NO: 00170
PROVIDER NO: 190027

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: OR
DATE APPROVED: 081186
NUMBER OF DIALYSIS STATIONS: 012
RENAL NETWORK: 12
CROSS-REFERENCE NO: 1R290R

HOTEL DIEU HOSP
2021 PERIOD ST
NEW ORLEANS, LA 70112
INTERMEDIARY NO: 00170
PROVIDER NO: 190038

APPROVED AS: TRANSPLANT ONLY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 06
DATE APPROVED: 100184
NUMBER OF DIALYSIS STATIONS: 004
RENAL NETWORK: 12
CROSS-REFERENCE NO: 182R04

ALTON OCHSNER MEDICAL FOUNDATION
1216 JEFFERSON HWY
NEW ORLEANS, LA 70121
INTERMEDIARY NO: 00170
PROVIDER NO: 190036

APPROVED AS: TRANSPLANT ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 06
DATE APPROVED: 082284
NUMBER OF DIALYSIS STATIONS: 000
RENAL NETWORK: 12
CROSS-REFERENCE NO: 1R2318

SCHUMPERT MEDICAL CENTER
915 MARGARET PLACE
SHREVEPORT, LA 71120
INTERMEDIARY NO: 00170
PROVIDER NO: 190041

APPROVED AS: TRANSPLANT ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 06
DATE APPROVED: 070284
NUMBER OF DIALYSIS STATIONS: 000
RENAL NETWORK: 12
CROSS-REFERENCE NO: 192817

TOURO INFIRMARY
1401 FOUCHER ST
NEW ORLEANS, LA 70115
INTERMEDIARY NO: 00170
PROVIDER NO: 190046

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 06
DATE APPROVED: 083ITT
NUMBER OF DIALYSIS STATIONS: 014
RENAL NETWORK: 12
CROSS-REFERENCE TO: 192806

RIVERSIDE MEDICAL CTR
E90R HIGHWAY-809 528
FRANKLINTON, LA 70438
INTERMEDIARY NO: 00170
PROVIDER NO: 190049

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITOREAL
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 06
DATE APPROVED: 080TR4
NUMBER OF DIALYSIS STATIONS: 008
RENAL NETWORK: 12
CROSS-REFERENCE NO: 182819

LOUISIANA STATE UNIV. HOSP.
1541 KINGS HIGHWAY
SHREVEPORT, LA 71102
INTERMEDIARY NO: 00170
PROVIDER NO: 190098

APPROVED AS: TRANSPLANT/DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 06
DATE APPROVED: 083ITT
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 12
CROSS-REFERENCE NO: 192807

STATE=LOUISIANA CONTINUED

WILLIS KNIGHTON MEDICAL CENTER 2500 GREENWOOD RD SHREVEPORT, LA 71103 INTERMEDIARY NO: 00170 PROVIDER NO: 190111	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 12 CROSS-REFERENCE NO: 192308
EARL K LONG HOSPITAL 5825 AIRLINE HIGHWAY BATON ROUGE, LA 70805 INTERMEDIARY NO: 00170 PROVIDER NO: 190122	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 12 CROSS-REFERENCE NO: 192309
SOUTHERN BAPTIST HOSPITAL 2700 NAPOLEON AVE NEW ORLEANS, LA 70115 INTERMEDIARY NO: 00170 PROVIDER NO: 190135	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 063177 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 12 CROSS-REFERENCE NO: 192311
ST CHARLES GENERAL HOSPITAL 3700 ST CHARLES AVE NEW ORLEANS, LA 70115 INTERMEDIARY NO: 52280 PROVIDER NO: 190160	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 0831TT NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 12 CROSS-REFERENCE NO: 192312
TULANE MEDICAL CTR HOSP 1416 TULANE AVE NEW ORLEANS, LA 70112 INTERMEDIARY NO: 00170 PROVIDER NO: 190176	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 0424T9 NUMBER OF DIALYSIS STATIONS: 003 RENAL NETWORK: 12 CROSS-REFERENCE NO: 192314
GREATER NEW ORLEANS ART KIDNEY CTR. 2000 TULANE AVE NEW ORLEANS, LA 70112 INTERMEDIARY NO: 00170 PROVIDER NO: 192500	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 025 RENAL NETWORK: 12 CROSS-REFERENCE NO:
BIO-MEDICAL APPLICATIONS-BATON ROUGE 524 COLONIAL DR BATON ROUGE, LA 70805 INTERMEDIARY NO: 00170 PROVIDER NO: 192601	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 0831TT NUMBER OF DIALYSIS STATIONS: 024 RENAL NETWORK: 12 CROSS-REFERENCE NO:
ASSUMPTION GEN ARTIFICIAL KIDNEY CTR P.O. BOX 81T NAPOLEONVILLE, LA 70390 INTERMEDIARY NO: 00170 PROVIDER NO: 192502	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 12 CROSS-REFERENCE NO:
BMA OF ALEXANDRIA INC. 405 THIRD ST ALEXANDRIA, LA 71301 INTERMEDIARY NO: 00170 PROVIDER NO: 192503	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 0831TT NUMBER OF DIALYSIS STATIONS: 024 RENAL NETWORK: 12 CROSS-REFERENCE NO:

STATE=LOUISIANA CONTINUED

ACADIANA ARTIFICIAL KIDNEY CTR
300 W ST MARY ST
LAFAYETTE, LA 70505
INTERMEDIARY NO: 00170
PROVIDER NO: 192504

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 06
DATE APPROVED: 083177
NUMBER OF DIALYSIS STATIONS: 020
RENAL NETWORK: 12
CROSS-REFERENCE NO:

FLORIDA PARISHES ART KIDNEY CTR
RT 1 CLUB DELUXE,0104 PROF PL
HAMMOND, LA 70401
INTERMEDIARY NO: 00170
PROVIDER NO: 192505

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 06
DATE APPROVED: 083177
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 12
CROSS-REFERENCE NO:

WESTBANK CHRONIC RENAL CTR
4501 PATTERSON RD
NEW ORLEANS, LA 70114
INTERMEDIARY NO: 00170
PROVIDER NO: 192507

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 06
DATE APPROVED: 011978
NUMBER OF DIALYSIS STATIONS: 011
RENAL NETWORK: 12
CROSS-REFERENCE NO:

WASHINGTON PARISH DIALYSIS CENTER
433 PLAZA
BOGALUSA, LA 70427
INTERMEDIARY NO: 00170
PROVIDER NO: 192508

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 06
DATE APPROVED: 070175
NUMBER OF DIALYSIS STATIONS: 008
RENAL NETWORK: 12
CROSS-REFERENCE NO:

OCHNER CLINIC HOUMA & BAYOU AREA
903 PICONE RD
HOUMA, LA 70360
INTERMEDIARY NO: 00170
PROVIDER NO: 192509

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 06
DATE APPROVED: 110178
NUMBER OF DIALYSIS STATIONS: 012
RENAL NETWORK: 12
CROSS-REFERENCE NO:

NORTHERN LOUISIANA DIALYSIS CENTER
711 WOOD ST
MONROE, LA 71210
INTERMEDIARY NO: 00170
PROVIDER NO: 192510

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 06
DATE APPROVED: 021080
NUMBER OF DIALYSIS STATIONS: 025
RENAL NETWORK: 12
CROSS-REFERENCE NO:

BMA OF METAIRIE INC
3939 HOUMA BLVD-SUITE 6
METAIRIE, LA 70002
INTERMEDIARY NO: 00170
PROVIDER NO: 192511

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 06
DATE APPROVED: 022280
NUMBER OF DIALYSIS STATIONS: 011
RENAL NETWORK: 12
CROSS-REFERENCE NO:

SHREVEPORT REGIONAL DIALYSIS CENTER
2121 FAIRFIELD AVE
SHREVEPORT, LA 71104
INTERMEDIARY NO: 00170
PROVIDER NO: 192512

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 06
DATE APPROVED: 022080
NUMBER OF DIALYSIS STATIONS: 018
RENAL NETWORK: 12
CROSS-REFERENCE NO:

KIDNEY KARE OF LAPLACE
925 BELLE TERRE DRIVE
LAPLACE, LA 70068
INTERMEDIARY NO: 00170
PROVIDER NO: 192513

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 06
DATE APPROVED: 040680
NUMBER OF DIALYSIS STATIONS: 005
RENAL NETWORK: 12
CROSS-REFERENCE NO:

STATE=LOUISIANA CONTINUED

ST TAMMANY PARISH RENAL CENTER 1412 CORPORATE SQUARE SLIDELL, LA 70458 INTERMEDIARY NO: 00170 PROVIDER NO: 192514	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 110380 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 12 CROSS-REFERENCE NO:
CHALMETTE DIALYSIS CENTER 8308 LAFITTE COURT CHALMETTE, LA 70043 INTERMEDIARY NO: 00170 PROVIDER NO: 192515	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 041381 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 12 CROSS-REFERENCE NO:
BIO MED APPLICATIONS OF NEW ORLEANS E 7800 BULLARD AVE SUITE 14A NEW ORLEANS, LA 70128 INTERMEDIARY NO: 00170 PROVIDER NO: 192516	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 040481 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 12 CROSS-REFERENCE NO:
ST MARY PARISH DIALYSIS INC 1100 MARQUERITE ST MORGAN CITY, LA 70380 INTERMEDIARY NO: 00170 PROVIDER NO: 19251T	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 071881 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 12 CROSS-REFERENCE NO:
OPELOUSAS ARTIFICIAL KIDNEY CTR 1207 CHOCTAW OPELOUSAS, LA 70570 INTERMEDIARY NO: 00170 PROVIDER NO: 192518	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 090281 NUMBER OF DIALYSIS STATIONS: 017 RENAL NETWORK: 12 CROSS-REFERENCE NO:
ST TAMMANY PARISH DIALYSIS CENTER 1941 12TH ST SLIDELL, LA 70458 INTERMEDIARY NO: 00170 PROVIDER NO: 192519	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 101581 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 12 CROSS-REFERENCE NO:
WEST JEFFERSON DIALYSIS CENTER INC 4907 WICHERS DR MARRERO, LA 70072 INTERMEDIARY NO: 00170 PROVIDER NO: 192520	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 011082 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 12 CROSS-REFERENCE NO:
BIO MED APPLICATIONS OF MARRERO INC 3714-2 WESTBANK EXPRESSWAY HARVEY, LA 70058 INTERMEDIARY NO: 00170 PROVIDER NO: 192521	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 010682 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 12 CROSS-REFERENCE NO:
BAYOU TECHE KIDNEY CENTER 101 E MAIN ST NEW IBERIA, LA 70560 INTERMEDIARY NO: 00170 PROVIDER NO: 192522	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 082582 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 12 CROSS-REFERENCE NO:

TRI-PARISH CHRONIC RENAL CTR 2359 ST CLAUDE AVE NEW ORLEANS, LA 70117 INTERMEDIARY NO: 00170 PROVIDER NO: 192523	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 033182 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 12 CROSS-REFERENCE NO:
BMA OF BATON ROUGE-CENTRAL 5340 FLANDERS DR BATON ROUGE, LA 70809 INTERMEDIARY NO: 00170 PROVIDER NO: 192524	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 061682 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 12 CROSS-REFERENCE NO:
NATCHITOCHES DIALYSIS FACILITY 501 KEYSER AVE-BOX 2042 NATCHITECHES, LA 71457 INTERMEDIARY NO: 00170 PROVIDER NO: 192525	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 060682 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 12 CROSS-REFERENCE NO:
ST CHARLES PARISH DIALYSIS CTR 324 LADARDE STREET LULING, LA 70070 INTERMEDIARY NO: 00170 PROVIDER NO: 192526	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 062382 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 12 CROSS-REFERENCE NO:
MID-CITY DIALYSIS CTR 319 NORTH DENOIS ST #112 NEW ORLEANS, LA 70119 INTERMEDIARY NO: 00170 PROVIDER NO: 192527	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 072082 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 12 CROSS-REFERENCE NO:
DIALYSIS CENTER OF KENNER 2226 WILLIAMS BLVD #201 KENNER, LA 70062 INTERMEDIARY NO: 00170 PROVIDER NO: 192528	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 021183 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 12 CROSS-REFERENCE NO:
KIDNEY CARE OF NEW ORLEANS 2123 MAGAZINE ST NEW ORLEANS, LA 70130 INTERMEDIARY NO: 00170 PROVIDER NO: 192529	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 091688 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 12 CROSS-REFERENCE NO:
BMA OF SHREVEPORT 3921 SOUTHERN AVE SHREVEPORT, LA 71106 INTERMEDIARY NO: 00170 PROVIDER NO: 192530	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 070883 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 12 CROSS-REFERENCE NO:
OCHSNER CLINIC DIALYSIS CENTER 1514 JEFFERSON HIGHWAY NEW ORLEANS, LA 70121 INTERMEDIARY NO: 00170 PROVIDER NO: 192531	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 111088 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 12 CROSS-REFERENCE NO:

STATE-LOUISIANA CONTINUED

BOSRIER REGIONAL DIALTRIM CENTER 1814 DOCTOSR DR SORRIES CITY, LA 71111 INTERMEDIARY NO: 00170 PROVIDER NO: 192892	APPROVED AS: OIALTSIS FACILITY RTAFF-ARSISTED RERVICES: HEMODIALYRIS PERITOREAL RELF-CARE RERVICES: TRAIRING RERVICES: TYPE OF OWNERRHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 032884 SUMBER OF DIALTSIS STATIONS: 010 RERAL NETWORK: I2 CROSS-REFERENCE NO:
ST CLAUDE DIALTRIM CENTER 2458 RT CLAUDR AVE REW ORLEARS, LA 70117 INTERMEDIARY NO: 00170 PROVIDER NO: 192898	APPROVED AS: DIALYSIS FACILITY RTAFF-ARRINTED RERVICES: HEMODIALTSIS PERITOREAL RELF-CARE RERVICES: HEMODIALTSIS PERITOREAL TRAIRING RERVICES: HEMODIALYSIS PERITOREAL TYPE OF OWNERRHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 111584 SUMBES OF DIALTSIS STATIONS: 008 RERAL NETWORK: I2 CROSS-REFERENCE NO:
KESRER RERAL CERTER INC 200 W ESPLARADE AVE R412 KERRER, LA 70058 INTERMEDIARY NO: 00170 PROVIDER NO: 192894	APPROVED AS: OIALYSIS PACILITY RTAFF-ARSISTED SERVICER: HEMODIALYRIS PERITOREAL RELF-CASE RERVICER: TRAIRING RERVICER: TYPE OF OWNERRHIP: PROFIT	HCFA REGION: 06 OATE APPROVED: 011585 SUMBER OF DIALYSIS STATIONS: 006 RERAL NETWORK: 12 CROSS-REFERENCE NO:
OCHSNER CLINIC OF THIBODAUX 408 R ACADIA RD THIBODAUX, LA 70301 INTERMEDIARY NO: 00170 PROVIDER NO: 192898	APPROVED AS: DIALYRIS PACILITY RTAFF-ARRINTED RERVICER: HEMODIALTSIS PERITOREAL RILF-CARE SERVICER: TRAIRING SERVICER: TYPE OF OWNERRHIP: PROFIT	HCFA REGION: 06 OATE APPROVED: 040285 RUMBER OF DIALTSIS STATIONS: 010 RERAL NETWORK: I2 CROSS-REFERENCE NO:

1986 NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

STATE=MASSACHUSETTS

FRANKLIN MEDICAL CTR. 164 HIGH ST GREENFIELD, MA 01301 INTERMEDIARY NO: 51220 PROVIDER NO: 220016	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 103181 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 2B CROSS-REFERENCE NO: 222514
MEMORIAL HOSP 119 BELMONT ST WORCESTER, MA 01605 INTERMEDIARY NO: 51220 PROVIDER NO: 220026	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 081077 NUMBER OF DIALYSIS STATIONS: 017 RENAL NETWORK: 2B CROSS-REFERENCE NO: 222H00
UNIVERSITY HOSP 75 E NEWTON ST BOSTON, MA 02118 INTERMEDIARY NO: 00200 PROVIDER NO: 220031	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 2B CROSS-REFERENCE NO: 222301
N. SHORE REGIONAL KIDNEY DIALYSIS CTR HERRICK & HEATHER STS BEVERLY, MA 01915 INTERMEDIARY NO: 00200 PROVIDER NO: 220033	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 080877 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 2B CROSS-REFERENCE NO: 222302
ST ELIZABETHS HOSP 736 CAMBRIDGE ST BRIGHTON, MA 02135 INTERMEDIARY NO: 00200 PROVIDER NO: 220036	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 061777 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 2B CROSS-REFERENCE NO: 222308
ST JOSEPHS HOSP 220 PAWTUCKET ST LOWELL, MA 01854 INTERMEDIARY NO: 00200 PROVIDER NO: 220045	APPROVED AS: TRANSPLANT ONLY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 061885 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 2B CROSS-REFERENCE NO: 222504
BERKSHIRE MEDICAL CENTER 725 NORTH STREET PITTSFIELD, MA 01201 INTERMEDIARY NO: 51220 PROVIDER NO: 220046	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 012478 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 2B CROSS-REFERENCE NO: 222505
MASSACHUSETTS GENERAL HOSP FRUIT ST BOSTON, MA 02114 INTERMEDIARY NO: 00200 PROVIDER NO: 220071	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 060177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 2B CROSS-REFERENCE NO: 222505
BAYSTATE MEDICAL CENTER 759 CHESTNUT ST SPRINGFIELD, MA 01199 INTERMEDIARY NO: 51070 PROVIDER NO: 220077	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 060177 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 2B CROSS-REFERENCE NO: 222507

STATE-MASSACHUSETTS CONTINUED

NANTUCKET COTTAGE HOSPITAL 0000 SOUTH PROSPECT ST NANTUCKET, MA 02554 INTERMEDIARY NO: 00200 PROVIDER NO: 220001	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 103155 NUMBER OF DIALYSIS STATIONS: 001 RENAL NETWORK: 20 CROSS-REFERENCE NO: 222515
BETH ISRAEL HOSP 330 BROOKLINE AVE BOSTON, MA 02215 INTERMEDIARY NO: 00200 PROVIDER NO: 220005	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 050177 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 25 CROSS-REFERENCE NO: 222300
BRIGHAM & WOMEN'S HOSP 75 FRANCIS ST BOSTON, MA 02115 INTERMEDIARY NO: 00200 PROVIDER NO: 220110	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 080577 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 25 CROSS-REFERENCE NO: 222509
NEW ENGLAND MED CTR HOSP 171 HARRISON AVE BOSTON, MA 02111 INTERMEDIARY NO: 00200 PROVIDER NO: 220118	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 080577 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 25 CROSS-REFERENCE NO: 222510
NEW ENGLAND DEACONESS HOSP 185 PILGRIM RD BOSTON, MA 02215 INTERMEDIARY NO: 00200 PROVIDER NO: 220116	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 051177 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 25 CROSS-REFERENCE NO: 222511
THE CHILDRENS HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115 INTERMEDIARY NO: 00200 PROVIDER NO: 220122	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 080577 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 25 CROSS-REFERENCE NO: 222512
MARY M ARTHUR CLAPHAM HOSP-ESSD 41 MALL SD BURLINGTON, MA 01805 INTERMEDIARY NO: 00200 PROVIDER NO: 220171	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 022184 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 25 CROSS-REFERENCE NO: 222513
KIDNEY CENTER 1055 COMMONWEALTH AVE BOSTON, MA 02215 INTERMEDIARY NO: 00200 PROVIDER NO: 222500	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 01 DATE APPROVED: 080577 NUMBER OF DIALYSIS STATIONS: 044 RENAL NETWORK: 25 CROSS-REFERENCE NO:
CAPE COD ARTIFICIAL KIDNEY CENTER 241 WILLOW STREET YARMOUTH, MA 02675 INTERMEDIARY NO: 00200 PROVIDER NO: 222501	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 01 DATE APPROVED: 051577 NUMBER OF DIALYSIS STATIONS: 015 RENAL NETWORK: 25 CROSS-REFERENCE NO:

BMA OF SPRINGFIELD 2000 MAIN ST SPRINGFIELD, MA 01103 INTERMEDIARY NO: 51070 PROVIDER NO: 222502	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 01 DATE APPROVED: 081077 NUMBER OF DIALYSIS STATIONS: 082 RENAL NETWORK: 26 CROSS-REFERENCE NO:
SOUTHEASTERN MASS DIALYSIS CENTER 1215 PURCHASE ST NEW BEDFORD, MA 02740 INTERMEDIARY NO: 00200 PROVIDER NO: 222503	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 051878 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 26 CROSS-REFERENCE NO:
BMA OF FRAMINGHAM 228 WALNUT ST FRAMINGHAM, MA 01701 INTERMEDIARY NO: 00200 PROVIDER NO: 222504	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 01 DATE APPROVED: 082780 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 26 CROSS-REFERENCE NO:
BROCKTON DIALYSIS CENTER 375 WESTGATE DRIVE BROCKTON, MA 02401 INTERMEDIARY NO: 00200 PROVIDER NO: 222505	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 01 DATE APPROVED: 051881 NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 26 CROSS-REFERENCE NO:
BMA OF BOSTON 2110 DORCHESTER AVE-SETON MED BL BOSTON, MA 02124 INTERMEDIARY NO: 00200 PROVIDER NO: 222506	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 01 DATE APPROVED: 010180 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 26 CROSS-REFERENCE NO:
TRI-CITY DIALYSIS CENTER 29 FOREST ST MEDFORD, MA 02155 INTERMEDIARY NO: 00200 PROVIDER NO: 222507	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 01 DATE APPROVED: 072485 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 26 CROSS-REFERENCE NO:
MERRIMACK SATELLITE UNIT 21 UNION ST EXTENSION MERRIMAC, MA 01860 INTERMEDIARY NO: 00200 PROVIDER NO: 223500	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 011182 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 2R CROSS-REFERENCE NO:
ST JOSEPH HOSP ESRD SATELLITE 220 PAWTUCKETST LOWELL, MA 01854 INTERMEDIARY NO: 00200 PROVIDER NO: 223501	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 051885 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 25 CROSS-REFERENCE NO:
GARDNER SATELLITE DIALYSIS UNIT NICHOLS RD FITCHBURG, MA 01420 INTERMEDIARY NO: 51220 PROVIDER NO: 223502	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 022484 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 26 CROSS-REFERENCE NO:

1986 NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

STATE-MARIANA ISLANDS

HEMODIALYSIS UNIT-OB TORRES HOSPITAL VILLAGE OF A S TEBLAJE SAIPAB,MARIANA ISL, CM 96960 INTERMEDIARY NO: 17120 PROVIDER NO: 662800	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 092683 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 01 CROSS-REFERENCE NO:

STATE=MARYLAND

1988 NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

UNIV OF MD MEDICAL SYSTEM 22 S GREENE ST BALTIMORE, MD 21201 INTERMEDIARY NO: 00190 PROVIDER NO: 210002	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 31 CROSS-REFERENCE NO: 212000
PRINCE GEORGES GENERAL HOSPITAL 1 HOSPITAL DR CHEVERLY, MD 20785 INTERMEDIARY NO: 00080 PROVIDER NO: 210003	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 061182 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 23 CROSS-REFERENCE NO: 212011
HOLY CROSS HOSPITAL 1500 FOREST GLEN ROAD SILVER SPRING, MD 20910 INTERMEDIARY NO: 52280 PROVIDER NO: 210004	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 012681 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 23 CROSS-REFERENCE NO: 212310
JOHNS HOPKINS HOSP 601 N BROADWAY BALTIMORE, MD 21205 INTERMEDIARY NO: 00190 PROVIDER NO: 210009	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 31 CROSS-REFERENCE NO: 212301
BON SECOURS HOSP 1940 W BALTIMORE ST BALTIMORE, MD 21223 INTERMEDIARY NO: 00190 PROVIDER NO: 210013	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 051680 NUMBER OF DIALYSIS STATIONS: 019 RENAL NETWORK: 31 CROSS-REFERENCE NO: 212306
MEMORIA HOSP : MEDICAL CTR CUMBERLAND 600 MEMORIAL AVE CUMBERLAND, MD 21502 INTERMEDIARY NO: 00190 PROVIDER NO: 210025	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 31 CROSS-REFERENCE NO: 212302
FRANCIS SCOTT KEY MEDICAL CTR 4940 EASTERN AVENUE BALTIMORE, MD 21224 INTERMEDIARY NO: 00190 PROVIDER NO: 210029	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 027 RENAL NETWORK: 31 CROSS-REFERENCE NO: 212303
MARYLAND GEN HOSP 827 LINDEN AVE BALTIMORE, MD 21201 INTERMEDIARY NO: 00190 PROVIDER NO: 210038	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: PERITONEAL TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 31 CROSS-REFERENCE NO: 212304
DOCTORS HOSP OF PRINCE GEORGES CO 8118 GOOD LUCK RD LANHAM, MD 20706 INTERMEDIARY NO: 00080 PROVIDER NO: 210051	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 012280 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 23 CROSS-REFERENCE NO: 212307

STATE-MARYLAND CONTINUED

0000 SAMARITAN HOSP-ESRD 5001 LOCH RAVEN BLVD BALTIMORE, MD 21239 INTERMEDIARY NO: 00190 PROVIDER NO: 210086	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 070178 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 3I CROSS-REFERENCE NO: 212305
MASON F LORD DIALYSIS UNIT 4940 EASTERN AVE BALTIMORE, MD 21224 INTERMEDIARY NO: 00190 PROVIDER NO: 210902	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 3I CROSS-REFERENCE NO: 212305
MIDATLANTIC NEPHROLOGY CTR 4700 AUTH PLACE #200 SUITLAND, MD 20746 INTERMEDIARY NO: 00080 PROVIDER NO: 212601	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 031 RENAL NETWORK: 23 CROSS-REFERENCE NO:
BIO-MEDICAL APPLICATIONS OF WASHINGTON 4905 DEL RAY AVE BETHESDA, MD 20814 INTERMEDIARY NO: 00080 PROVIDER NO: 212603	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 031 RENAL NETWORK: 23 CROSS-REFERENCE NO:
LOUIS J KOLODNER DIALYSIS UNIT 803 NORTH EUTAW STREET BALTIMORE, MD 21201 INTERMEDIARY NO: 00190 PROVIDER NO: 212604	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 3I CROSS-REFERENCE NO:
MID-ATLANTIC NEPHROLOGY CTR 9811 MALLARD DR #108 LAUREL, MD 20708 INTERMEDIARY NO: 00080 PROVIDER NO: 212606	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 23 CROSS-REFERENCE NO:
WESTERN MARYLAND CENTER 1500 PENNSYLVANIA AVE HAGERSTOWN, MD 21740 INTERMEDIARY NO: 00190 PROVIDER NO: 212607	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 015 RENAL NETWORK: 3I CROSS-REFERENCE NO:
DEERS HEAD CENTER RENAL DIALYSIS PO BOX 2018 SALISBURY, MD 21801 INTERMEDIARY NO: 00190 PROVIDER NO: 212608	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 3I CROSS-REFERENCE NO:
BIO-MEDICAL APPLICATIONS 203 RIDDELY ROAD ANNAPOLIS, MD 21401 INTERMEDIARY NO: 00190 PROVIDER NO: 212609	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 050178 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 3I CROSS-REFERENCE NO:

MID-ATLANTIC NEPHROLOGY CTR NEW MARKET PLAZA RR4 BOX 282 MECHANICSVILLE, MD 20659 INTERMEDIARY NO: 00080 PROVIDER NO: 212510	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 011180 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 2B CROSS-REFERENCE NO:
SHADY GROVE DIALYSIS CENTER 14905 PHYSICIANS LA #272 ROCKVILLE, MD 20850 INTERMEDIARY NO: 52280 PROVIDER NO: 212511	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 090190 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 2B CROSS-REFERENCE NO:
MID-SHORE DIALYSIS CTR RTE 3 BOX 107 DUTCHMAN'S LANE EASTON, MD 21601 INTERMEDIARY NO: 00190 PROVIDER NO: 212512	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 010284 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 5I CROSS-REFERENCE NO:
ROTUNDA CTR FOR INDEPENDENT DIALYSIS 7N3 W 40TH ST RM 101 BALTIMORE, MD 21211 INTERMEDIARY NO: 00190 PROVIDER NO: 212513	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 041884 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 5I CROSS-REFERENCE NO:
CENTRAL MARYLAND KIDNEY CENTER 1818 POT SPRINGS RD LUTHERVILLE, MD 21093 INTERMEDIARY NO: 00190 PROVIDER NO: 212514	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 070781 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 5I CROSS-REFERENCE NO:
UNIV SQUARE-DIALYSIS FACILITY 11 S. PACA ST BALTIMORE, MD 21201 INTERMEDIARY NO: 00190 PROVIDER NO: 212515	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 021782 NUMBER OF DIALYSIS STATIONS: 028 RENAL NETWORK: 5I CROSS-REFERENCE NO:
HOWARD COUNTY DIALYSIS FACILITY 11085 LITTLE PATUXENT PARKWAY COLUMBIA, MD 21044 INTERMEDIARY NO: 00190 PROVIDER NO: 212516	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 102882 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 5I CROSS-REFERENCE NO:
CHESAPEAKE KIDNEY CENTER 626 TOWNE CENTER DRIVE JOPPATOWN, MD 21085 INTERMEDIARY NO: 00190 PROVIDER NO: 212517	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 082088 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 5I CROSS-REFERENCE NO:
FREDERICK DIALYSIS CENTER 186 THOMAS JOHNSON DR-SUITE 100 FREDERICK, MD 21701 INTERMEDIARY NO: 52280 PROVIDER NO: 212518	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 060784 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 5I CROSS-REFERENCE NO:

STATE-MARYLAND CONTINUED

BOR SECOUSS DIALYSIS CENTER 120 R LARDLEY RD OLER BURBIE, MD 21061 INTERMEDIARY NO: 00180 PROVIDER NO: 212819	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 021185 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 01 CROSS-REFERENCE NO:
OCEAR CITY DIALYSIS SERVICES, INC. RYS 50 & 118 S,NY S BOX 12 BERLIN, MD 21811 INTERMEDIARY NO: 00180 PROVIDER NO: 212820	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 101485 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 01 CROSS-REFERENCE NO:

STATE=MAINE

1986 NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

MAINE MEDICAL CENTER 22 BRAMHALL ST PORTLAND, ME 04102 INTERMEDIARY NO: 00180 PROVIDER NO: 200009	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 2B CROSS-REFERENCE NO: 202N00
EASTERN MAINE MED CTR 489 STATE ST BANGOR, ME 04401 INTERMEDIARY NO: 00180 PROVIDER NO: 200033	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 2B CROSS-REFERENCE NO: 202N01
MID-MAINE MEDICAL CENTER CHASE AVENUE WATERVILLE, ME 04901 INTERMEDIARY NO: 00180 PROVIDER NO: 200039	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 2B CROSS-REFERENCE NO: 202N02
SOUTHERN MAINE DIALYSIS FACILITY 66 BRAMHALL ST-BOX 8480 PORTLAND, ME 04104 INTERMEDIARY NO: 00180 PROVIDER NO: 202500	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 01 DATE APPROVED: 101777 NUMBER OF DIALYSIS STATIONS: 021 RENAL NETWORK: 2B CROSS-REFERENCE NO:
LEWISTON/AUBURN KIDNEY CTR 707 MAIN ST LEWISTON, ME 04240 INTERMEDIARY NO: 00180 PROVIDER NO: 202501	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 01 DATE APPROVED: 110184 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 2B CROSS-REFERENCE NO:

STATE=MICHIGAN

OT MARY HOSPITAL 36470 FIVE MILE ROAD LIVORIA, MI 48154 INTERMEDIARY NO: 00210 PROVIDER NO: 230002	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 14 CROSS-REFERENCE NO: 232301
MERCY HOSPITAL 1000 E SHERMAN BOULEVARD MUSKEGON, MI 49443 INTERMEDIARY NO: 00230 PROVIDER NO: 230004	APPROVED AS: DIALYSIS CENTER STAFF ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 14 CROSS-REFERENCE NO: 232302
BRONSON METHODIST HOSPITAL 202 EAST LOVELL STREET KALAMAZOO, MI 49007 INTERMEDIARY NO: 00210 PROVIDER NO: 230017	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 00 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 14 CROSS-REFERENCE NO: 232303
MERCY HOSP DIV SW MI HLTH CARE ASSOC 980 ADAMS ST BENTON HARBOR, MI 49022 INTERMEDIARY NO: 00210 PROVIDER NO: 230021	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 14 CROSS-REFERENCE NO: 232304
ORATION COMMUNITY HOSPITAL 300 SOUTH WARWICK DRIVE ALMA, MI 48801 INTERMEDIARY NO: 00210 PROVIDER NO: 230030	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 14 CROSS-REFERENCE NO: 232307
MT CARMEL MERCY HOSPITAL AND MED CTR 6071 W OUTER DR DETROIT, MI 48235 INTERMEDIARY NO: 00210 PROVIDER NO: 230039	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 013 RENAL NETWORK: 14 CROSS-REFERENCE NO: 232308
UNIVERSITY HOSPITAL 1400 E ANN ST ANN ARBOR, MI 48109 INTERMEDIARY NO: 00210 PROVIDER NO: 230046	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 14 CROSS-REFERENCE NO: 232309
VA MEDICAL CENTER EAST H STREET IRON MOUNTAIN, MI 49801 INTERMEDIARY NO: 00000 PROVIDER NO: 23005F	APPROVED AS: DIALYSIS CENTER STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 030682 NUMBER OF DIALYSIS STATIONS: 002 RENAL NETWORK: 07 CROSS-REFERENCE NO:
HENRY FORD HOSPITAL 2799 W GRAND BLVD DETROIT, MI 48202 INTERMEDIARY NO: 00210 PROVIDER NO: 230053	APPROVED AS: TRANSPLANT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 101783 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 14 CROSS-REFERENCE NO: 232310

STATE-MICHIGAR CORTIRUED

MARQUETTE GERERAL HOSPITAL
420 W MADRETIC ST
MARQUETTE, MI 48955
IRTERMEDIARY RO: 00210
PRDVIDER RO: 250054

APPRDVED AS: DIALYSIS CERTER
SYAFF-ASSISTED SERVICES: HEMODIALYSIS PERITOREAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAIRIRD SERVICES: HEMODIALYSIS PERITOREAL CAPD
TYPE OF OWRERSHIP: RDRPROFIY

HCFA REDIDR: 05
DATE APPRDVED: 0RD1TT
RUMBER DF DIALYSIS STATIRRS: 00R
RERAL RETWDRR: 07
CRDSS-REFERERCE RO: 2R2R11

ST MARYS HDSP
200 JEFFERSDR ST SE
DRARD RAPIDS, MI 49503
IRTERMEDIART RO: 50230
PRDVIDER RO: 230059

APPRDVED AS: TRARSPLART/DIALYSIS CERTER
SYAFF-ASSISTED SERVICES: HEMODIALYSIS PERIYDREAL
SELF-CARE SERVICES: HEMODIALYSIS PERIYDREAL
TRAIRIRD SERVICES: HEMODIALYSIS PERITOREAL CAPD
TYPE DF DWRERSHIP: RDRPROFIY

HCFA REDIDR: 05
DATE APPRDVED: 0RD177
RUMBER DF DIALYSIS STATIRRS: 0R5
RERAL RETWDRR: 14
CRDSS-REFERERCE RO: 2525I2

HUTZEL HDSPIYAL
4TD7 SY ARTDIRE
DETRDIT, MI 48201
IRTERMEDIARY RO: 00210
PRDVIDER RO: 250075

APPRDVED AS: YRARSPLART DRLY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITOREAL
SELF-CARE SERVICES:
YRAIRIRD SERVICES:
TYPE DF DWRERSHIP: RDRPROFIY

HCFA REDIDR: 05
DAYE APPRDVED: 1222R4
RUMBER DF DIALYSIS STATIRRS: DDD
RERAL RETWDRR: 14
CRDSS-REFERERCR RO: 2R2R1R

MERCY HOSPITAL
400 HOBART ST
CADILLAC, MI 49501
IRTERMEDIARY RO: 50250
PRDVIDER RO: 230081

APPRDVED AS: DIALTSIS FACILITY-HDSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITOREAL
SELF-CARE SERVICES:
TRAIRIRD SERVICES: HEMODIALYSIS PERITOREAL CAPD
TYPE DF DWRERSHIP: RDRPROFIY

HCFA REDIDR: 05
DATE APPRDVED: 052450
RUMBER DF DIALTSIS STATIRRS: 005
RERAL RETWDRK: 14
CRDSS-REFERERCE RO:

WESTLARD MEDICAL CERTER
2545 MERRIMAR RD
WESTLARD, MI 48185
IRTERMEDIART RO: 00210
PRDVIDER RO: 230098

APPRDVED AS: DIALYSIS CERTER
STAFF-ASSISTED SERVICES: HEMODIALTSIS
SELF-CARE SERVICES:
TRAIRIRD SERVICES: HEMODIALYSIS CAPD
TYPE DF DWRERSHIP: RDRPROFIY

HCFA REDIDR: 05
DATE APPRDVED: 0RD1Y7
RUMBER DF DIALYSIS STATIRRS: 015
RERAL RETWDRK: 14
CRDSS-REFERERCE RO: 252514

COMMURITT HDSPITAL ASS DF BATTLE
155 WEST STREET
BATYLE CREEK, MI 49015
IRTERMEDIART RO: 50230
PRDVIDER RO: 230102

APPRDVED AS: DIALYSIS FACILITY-HDSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAIRIRD SERVICES:
TYPE DF DWRERSHIP: RDRPROFIT

HCFA REDIDR: 05
DATE APPRDVED: 11D177
RUMBER DF DIALYSIS STATIRRS: 005
RERAL RETWDRK: 14
CRDSS-REFERERCE RO: 252525

KORTHERR MICHIDAR HDSPITALS IRC.
416 CORRABLE
PETDSKY, MI 49770
IRTERMEDIARY RO: 00210
PRDVIDER RO: 250105

APPRDVED AS: DIALYSIS CERTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERIYDREAL
SELF-CARE SERVICES:
TRAIRIRD SERVICES: HEMODIALYSIS PERITOREAL CAPD
TYPE DF DWRERSHIP: RDRPROFIY

HCFA REDIDR: 05
DAYE APPRDVED: 0RD177
RUMBER DF DIALTSIS STATIRRS: 015
RERAL RETWDRK: 14
CRDSS-REFERERCE RO: 252R15

VA MEDICAL CERTER
2215 FULLER RD
ARR ARBDR, MI 48105
IRTERMEDIARY RO: 00050
PRDVIDER RO: 230115

APPRDVED AS: DIALYSIS CERTER
STAFF-ASSISYED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAIRIRD SERVICES: HEMODIALTSIS CAPD
TYPE DF DWRERSHIP: RDRPROFIT

HCFA REDIDR: 05
DAYE APPRDVED: 055015
RUMBER DF DIALYSIS STATIRRS: 012
RERAL RETWDRK: 14
CRDSS-REFERERCE RO: 252517

SORDESS MED CYR
1521 DULL ROAD
KALAMAZOO, MI 49001
IRTERMEDIARY RO: 00210
PRDVIDER RO: 250117

APPRDVED AS: YRARSPLART/DIALYSIS CERTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAIRIRD SERVICES: HEMODIALYSIS CAPD
TYPE DF DWRERSHIP: RDRPROFIY

HCFA REDIDR: 05
DATE APPRDVED: 0RDITT
RUMBER DF DIALTSIS STATIRRS: 01R
RERAL RETWDRK: 14
CRDSS-REFERERCE RO: 252515

STATE=MICHIGAN CONTINUED

SAGINAW GENERAL HOSPITAL 1447 N HARRISON STREET SAGINAW, MI 48602 INTERMEDIARY NO: 00210 PROVIDER NO: 230122	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 021 RENAL NETWORK: 14 CROSS-REFERENCE NO: 232319
WILLIAM BEAUMONT HOSPITAL 3601 W 13 MILE ROAD ROYAL OAK, MI 48072 INTERMEDIARY NO: 00210 PROVIDER NO: 230130	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 14 CROSS-REFERENCE NO: 232321
HURLEY MEDICAL CENTER 1 HURLEY PLAZA FLINT, MI 48502 INTERMEDIARY NO: 00210 PROVIDER NO: 230132	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 037 RENAL NETWORK: 14 CROSS-REFERENCE NO: 232322
SAMARITAN HEALTH CENTER 5555 CONNERS RT DETROIT, MI 48213 INTERMEDIARY NO: 00210 PROVIDER NO: 230147	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 14 CROSS-REFERENCE NO: 232323
DETROIT OSTEO HOSP 12823 3RD AVE HIGHLAND PARK, MI 48203 INTERMEDIARY NO: 00210 PROVIDER NO: 230180	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 14 CROSS-REFERENCE NO: 232324
ST JOSEPH MERCY HOSPITAL P O BOX 995 5201 E HURON RIVER D ANN ARBOR, MI 48106 INTERMEDIARY NO: 00210 PROVIDER NO: 230185	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 14 CROSS-REFERENCE NO: 232326
SAINT JOHN HOSP 22101 MOROSS RD DETROIT, MI 48236 INTERMEDIARY NO: 00210 PROVIDER NO: 230186	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090380 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 14 CROSS-REFERENCE NO:
CRYSTAL FALLS COMM HOSP MICHIGAN AVE AND 3RD ST CRYSTAL FALLS, MI 49920 INTERMEDIARY NO: 00210 PROVIDER NO: 230194	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 003 RENAL NETWORK: 07 CROSS-REFERENCE NO: 232326
MOUNT CLEMENS GENERAL HOSPITAL 1000 HARRINGTON BLVD MOUNT CLEMENS, MI 48043 INTERMEDIARY NO: 00210 PROVIDER NO: 230227	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 14 CROSS-REFERENCE NO:

STATE=MICHIGAN CONTINUED

EDWARD W SPARROW HOSPITAL
1215 E MICHIGAN AVENUE
LANSING, MI 48911
INTERMEDIARY NO: 00210
PROVIDER NO: 230230
APPROVED AS: TRANSPLANT/DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT
HCFA REGION: 05
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 020
RENAL NETWORK: 14
CROSS-REFERENCE NO: 232327

CHILDRENS HOSP OF MICHIGAN
9901 BEAUBIEN
DETROIT, MI 48201
INTERMEDIARY NO: 00210
PROVIDER NO: 230240
APPROVED AS: TRANSPLANT/DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT
HCFA REGION: 05
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 000
RENAL NETWORK: 14
CROSS-REFERENCE NO: 232320

WILLIAM BEAUMONT HOSPITAL
44199 DEQUINDRE
TROY, MI 48098
INTERMEDIARY NO: 00210
PROVIDER NO: 230269
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT
HCFA REGION: 05
DATE APPROVED: 053090
NUMBER OF DIALYSIS STATIONS: 018
RENAL NETWORK: 14
CROSS-REFERENCE NO:

BIO-MEDICAL APPLICATION OF DETROIT
4727 ST ANTOINE
DETROIT, MI 48201
INTERMEDIARY NO: 00210
PROVIDER NO: 232500
APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: PROFIT
HCFA REGION: 05
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 043
RENAL NETWORK: 14
CROSS-REFERENCE NO:

MT CARMEL LIVONIA DIALYSIS CTR
32423 SCHOOLCRAFT RD
LIVONIA, MI 48150
INTERMEDIARY NO: 00210
PROVIDER NO: 232501
APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT
HCFA REGION: 05
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 018
RENAL NETWORK: 14
CROSS-REFERENCE NO:

WASHTENAW REGIONAL DIALYSIS CENTER
5205 EAST HURON RIVER DRIVE
YPSILANTI, MI 48197
INTERMEDIARY NO: 00210
PROVIDER NO: 232502
APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT
HCFA REGION: 05
DATE APPROVED: 060877
NUMBER OF DIALYSIS STATIONS: 018
RENAL NETWORK: 14
CROSS-REFERENCE NO:

ST CLAIR RENAL CENTER CORP
22151 MOROSS RD SUITE 005
DETROIT, MI 48236
INTERMEDIARY NO: 00210
PROVIDER NO: 232503
APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT
HCFA REGION: 05
DATE APPROVED: 041587N
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 14
CROSS-REFERENCE NO:

COMMUNITY DIALYSIS SVCS OF JACKSON
1023 E GANSON ST
JACKSON, MI 49201
INTERMEDIARY NO: 00210
PROVIDER NO: 232504
APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT
HCFA REGION: 05
DATE APPROVED: 121780
NUMBER OF DIALYSIS STATIONS: 007
RENAL NETWORK: 14
CROSS-REFERENCE NO:

GREENFIELD HEALTH SYSTEMS CORP-ESRD
2799 W GRAND BLVD
DETROIT, MI 48202
INTERMEDIARY NO: 00210
PROVIDER NO: 232505
APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT
HCFA REGION: 05
DATE APPROVED: 101785
NUMBER OF DIALYSIS STATIONS: 027
RENAL NETWORK: 14
CROSS-REFERENCE NO:

OREERFIELD HEALTH SYSTEMS CORP 2949 CATTERMOLE DRIVE TROY, MI 48084 INTERMEDIARY NO: 00210 PROVIDER NO: 232005	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 101783 NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 14 CROSS-REFERENCE NO:
OREERFIELD HEALTH SYSTEMS CORP 1840I HUNTARD DR OEARBORN, MI 48126 INTERMEDIARY NO: 00210 PROVIDER NO: 252507	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 101783 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 14 CROSS-REFERENCE NO:
WESTERN NEPHROLOGY SERVICES INC 274 EAST CHICAGO AVE COLDWATER, MI 49036 INTERMEDIARY NO: 00210 PROVIDER NO: 232508	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 05 DATE APPROVED: 110184 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 14 CROSS-REFERENCE NO:
OEACONESS/SAMARITAS RENAL CTR 10201 E JEFFERSON DETROIT, MI 48207 INTERMEDIARY NO: 00210 PROVIDER NO: 255505	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 010201 NUMBER OF DIALYSIS STATIONS: 024 RENAL NETWORK: 14 CROSS-REFERENCE NO:
NORTHERN MICHIGAN HOSP-ESRD UNIT 105 S MADISON TRAVERSE CITY, MI 49684 INTERMEDIARY NO: 00210 PROVIDER NO: 233504	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 05 DATE APPROVED: 021584 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 14 CROSS-REFERENCE NO:

STATE=MINNESOTA

REGIONAL KIDNEY DISEASE PROGRAM 701 PARK AVE MINNEAPOLIS, MN 55415 INTERMEDIARY NO: 00220 PROVIDER NO: 240004	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 050177 NUMBER OF DIALYSIS STATIONS: 046 RENAL NETWORK: 07 CROSS-REFERENCE NO: 242300
ST GABRIELS HOSPITAL 816 2ND ST SE LITTLE FALLS, MN 56345 INTERMEDIARY NO: 00220 PROVIDER NO: 240013	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 050177 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 07 CROSS-REFERENCE NO: 242501
MILLER-DAHR HOSP MED CTR 502 E 2ND ST DULUTH, MN 55805 INTERMEDIARY NO: 00220 PROVIDER NO: 240019	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 050177 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 07 CROSS-REFERENCE NO: 242302
WORTHINGTON REGIONAL HOSP ESRD 1018 SIXTH AVE WORTHINGTON, MN 56187 INTERMEDIARY NO: 00220 PROVIDER NO: 240022	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 080384 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 07 CROSS-REFERENCE NO: 242314
CENTRAL MESABI MEDICAL CENTER 750 E 34TH ST HIBBING, MN 55746 INTERMEDIARY NO: 00220 PROVIDER NO: 240040	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 07 CROSS-REFERENCE NO: 242303
RAEVE HOSPITAL ESRD UNIT 404 FOURTAIR STREET ALBERT LEA, MN 56007 INTERMEDIARY NO: 00220 PROVIDER NO: 240043	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 050177 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 07 CROSS-REFERENCE NO: 242304
COMMUNITY MEMORIAL HOSP (ESRD) 855 MANKATO AVENUE WINONA, MN 55987 INTERMEDIARY NO: 00220 PROVIDER NO: 240044	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 07 CROSS-REFERENCE NO: 242305
UNIVERSITY OF MINNESOTA HOSPITAL 420 DELAWARE ST S.E. MINNEAPOLIS, MN 55455 INTERMEDIARY NO: 00220 PROVIDER NO: 240049	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 050177 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 07 CROSS-REFERENCE NO: 242305
LAKE REGION HOSPITAL 712 SO CASCADE FERGUS FALLS, MN 56537 INTERMEDIARY NO: 00220 PROVIDER NO: 240052	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 07 CROSS-REFERENCE NO: 242307

STATE-MINNESOTA CONTINUED

METHODIST HOSPITAL 8800 EXCELSIOR BLVD SAINT LOUIS PARK, MN 55426 INTERMEDIARY NO: 00220 PROVIDER NO: 240088	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 027 RENAL NETWORK: 07 CROSS-REFERENCE NO: 242308
ROCHESTER METHODIST HOSP 201 W CENTER ST ROCHESTER, MN 55901 INTERMEDIARY NO: 00220 PROVIDER NO: 240061	APPROVED AS: TRANSPLANT ONLY STAFF-ASSISTED SERVICES: PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 050177 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 07 CROSS-REFERENCE NO: 242509
RICE MEM HOSP 301 DECKER AVE SW WILLMAR, MN 56201 INTERMEDIARY NO: 00220 PROVIDER NO: 240088	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 050177 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 07 CROSS-REFERENCE NO: 242510
IMMANUEL HOSP/ST JOSEPHS UNIT 628 GARDEN BLVD MANKATO, MN 56001 INTERMEDIARY NO: 00220 PROVIDER NO: 240093	APPROVED AS: DIALYSIS CENTER STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 042081 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 07 CROSS-REFERENCE NO:
ST PAUL-RAMSEY HOSP 640 JACKSON STREET SAINT PAUL, MN 55101 INTERMEDIARY NO: 00220 PROVIDER NO: 240106	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 07 CROSS-REFERENCE NO: 242311
REGIONAL KIDNEY DISEASE PROGRAM 900 S 8TH ST MINNEAPOLIS, MN 55404 INTERMEDIARY NO: 00220 PROVIDER NO: 240196	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 07 CROSS-REFERENCE NO: 242312
MAYO ARTIFICIAL KIDNEY COMPLEX 200 FIRST ST SW ROCHESTER, MN 55905 INTERMEDIARY NO: 00240 PROVIDER NO: 242500	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 050177 NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 07 CROSS-REFERENCE NO:
ST PAUL UNIT-ESRD 555 PARK ST #180 ST PAUL, MN 55103 INTERMEDIARY NO: 00220 PROVIDER NO: 243501	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 073051 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 07 CROSS-REFERENCE NO:
REGION KIDNEY DISEASE PROGRAM 3950 COON RAPIDS BLVD.SUITE 309 COON RAPIDS, MN 55433 INTERMEDIARY NO: 00220 PROVIDER NO: 243502	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 012584 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 07 CROSS-REFERENCE NO:

STATE=MISSOURI

ST JOHRS HOSP 2T2T MCCLELLARD BLVD JOPLIR, MO 64801 IRTERMEDIARY RO: 52280 PROVIDER RO: 260001	APPROVED AS: IRPATIERT ORLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAIRIRO SERVICES: TYPE OF OWRERSHIP: RORPROFIT	HCFA REOIOR: 07 DATE APPROVED: 070184 RUMBER OF DIALYRIS STATIORS: 000 RERAL RETWORK: OR CROSS-REFERERCE RO: 2R2300
HEARTLARD HOSPITAL WEST TTH-9TH OR FARROR ST JOSEPH, MO 64501 IRTERMEDIARY RO: 00241 PROVIDER RO: 260008	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAIRIRO SERVICES: HEMODIALYSIS TYPE OF OWRERSHIP: RORPROFIT	HCFA REOIOR: OT DATE APPROVED: I2087R RUMBER OF DIALYSIS STATIORS: 006 RERAL RETWORK: OR CROSS-REFERERCE RO: 282SIR
BARRES HOSP BARRES HOSPITAL PLAZA SAIRT LOUIS, MO 63110 IRTERMEDIARY RO: 00241 PROVIDER RO: 26001I4	APPROVED AS: TRARSPLART/DIALYSIS CERTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAIRIRO SERVICES: HEMODIALYSIS TYPE OF OWRERSHIP: RORPROFIT	HCFA REOIOR: 07 DATE APPROVED: 0N2980 RUMBER OF DIALYSIS STATIORS: 00R RERAL RETWORK: OR CROSS-REFERERCE RO: 282802
ST JOHR'S MERCY MED CTR 616 RES BALLAS RD SOUTH CREVE COEUR, MO 6S141 IRTERMEDIARY RO: 00241 PROVIDER RO: 260020	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITOREAL SELF-CARE SERVICES: TRAIRIRO SERVICES: HEMODIALYSIS PERITOREAL TYPE OF OWRERSHIP: PROFIT	HCFA REOIOR: OT DATE APPROVED: 022R8S RUMBER OF DIALYSIS STATIORS: 003 RERAL RETWORK: 09 CROSS-REFERERCE RO: 2R231R
DEACORESS HOSP 6150 OAKLARD AVE SAIRT LOUIS, MO 63139 IRTERMEDIARY RO: 00241 PROVIDER RO: 260021	APPROVED AS: DIALYSIS CERTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAIRIRO SERVICES: HEMODIALYSIS CAPD TYPE OF OWRERSHIP: RORPROFIT	HCFA REOIOR: 07 DATE APPROVED: 071077 RUMBER OF DIALYSIS STATIORS: 016 RERAL RETWORK: OR CROSS-REFERERCE RO: 2R2303
RESEARCH HOSP & MEDICAL CERTER 2316 E MEYER BLOO KARSAS CITY, MO 641S2 IRTERMEDIARY RO: 00241 PROVIDER RO: 260027	APPROVED AS: TRARSPLART/DIALYSIS CERTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITOREAL SELF-CARE SERVICES: TRAIRIRO SERVICES: TYPE OF OWRERSHIP: RORPROFIT	HCFA REOIOR: OT DATE APPROVED: 040185 RUMBER OF DIALYSIS STATIORS: 005 RERAL RETWORK: 09 CROSS-REFERERCE RO: 2R2904
JEWISH HOSP OF ST LOUIS 216 S KIROSHIORWAY SAIRT LOUIS, MO 63110 IRTERMEDIARY RO: 00241 PROVIDER RO: 260032	APPROVED AS: DIALYSIS CERTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAIRIRO SERVICES: HEMODIALYSIS CAPD TYPE OF OWRERSHIP: RORPROFIT	HCFA REOIOR: 07 DATE APPROVED: 082R77 RUMBER OF DIALYSIS STATIORS: 007 RERAL RETWORK: OR CROSS-REFERERCE RO: 2R2305
COR MEDICAL CTR 14S2 R JEFFERSOR ST SPRIROFIELD, MO 65802 IKTERMEDIARY RO: 00241 PROVIDER RO: 260040	APPROVED AS: DIALYSIS CERTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITOREAL SELF-CARE SERVICES: TRAIRIRO SERVICES: HEMODIALYSIS PERITOREAL CAPD TYPE OF OWRERSHIP: RORPROFIT	HCFA REOIOR: 07 DATE APPROVED: 071077 RUMBER OF DIALYSIS STATIORS: 021 RERAL RETWORK: 09 CROSS-REFERERCE RO: 282909
VA HOSP 915 ORART ST LOUIS, MO 63125 IRTERMEDIARY RO: 00241 PROVIDER RO: 26009F	APPROVED AS: TRARSPLART/DIALYSIS CERTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAIRIRO SERVICES: HEMODIALYSIS TYPE OF OWRERSHIP: RORPROFIT	HCFA REOIOR: 07 DATE APPROVED: 071877 RUMBER OF DIALYSIS STATIORS: 013 RERAL RETWORK: 09 CROSS-REFERERCE RO: 282907

STATE-MISSOURI CONTINUED

ST LOUIS UNIVERSITY HOSPS
1325 S GRAND BLVD
SAINT LOUIS, MO 63104
INTERMEDIARY NO: 00241
PROVIDER NO: 26D108

APPROVED AS: TRANSPLANT/DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 07
DATE APPROVED: 07/2884
NUMBER OF DIALYSIS STATIONS: 004
RENAL NETWORK: 08
CROSS-REFERENCE NO: 262HID

MISSOURI DELTA COMM HOSP
HIGHWAY 61 N
SIKESTON, MO 63801
INTERMEDIARY NO: 00241
PROVIDER NO: 26D116

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 07
DATE APPROVED: 0488DYY
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 10
CROSS-REFERENCE NO: 262HII

ST LUKES HOSPITAL
WORNALL RD @ 44TH ST
KANSAS CITY, MO 64141
INTERMEDIARY NO: 00241
PROVIDER NO: 26D188

APPROVED AS: TRANSPLANT/DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 07
DATE APPROVED: 0488OTT
NUMBER OF DIALYSIS STATIONS: 020
RENAL NETWORK: 06
CROSS-REFERENCE NO: 262818

UNIV OF MISSOURI HOSP AND CLINICS
807 STADIUM RD
COLUMBIA, MO 66201
INTERMEDIARY NO: 00241
PROVIDER NO: 26D141

APPROVED AS: TRANSPLANT/DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 07
DATE APPROVED: 0488DYT
NUMBER OF DIALYSIS STATIONS: 004
RENAL NETWORK: 06
CROSS-REFERENCE NO: 262814

ST LOUIS CITY HOSP
1515 LAFAYETTE AVE
SAINT LOUIS, MO 63104
INTERMEDIARY NO: 00241
PROVIDER NO: 26D180

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 07
DATE APPROVED: 0116R2
NUMBER OF DIALYSIS STATIONS: 006
RENAL NETWORK: 06
CROSS-REFERENCE NO: 262812

SALEM MEM DISTRICT HOSP
HWY 72 W PO BOX 760
SALEM, MO 65560
INTERMEDIARY NO: 00241
PROVIDER NO: 26D172

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 07
DATE APPROVED: 0824Y7
NUMBER OF DIALYSIS STATIONS: 004
RENAL NETWORK: 09
CROSS-REFERENCE NO: 262815

ST LUKES HOSPITAL-WEST
232 S WOODS MILL RD
CHESTERFIELD, MO 63017
INTERMEDIARY NO: 00241
PROVIDER NO: 26D1Y9

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 07
DATE APPROVED: 1018B5
NUMBER OF DIALYSIS STATIONS: 000
RENAL NETWORK: 06
CROSS-REFERENCE NO:

CHRISTIAN HOSPITAL NORTHEAST
11133 DUNN RD
ST LOUIS, MO 63136
INTERMEDIARY NO: 00241
PROVIDER NO: 26D180

APPROVED AS: INPATIENT ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 07
DATE APPROVED: 0128R4
NUMBER OF DIALYSIS STATIONS: 000
RENAL NETWORK: 09
CROSS-REFERENCE NO: 262818

KANSAS CITY DIALYSIS AND TRANSPLANT
1734 E 63RD
KANSAS CITY, MO 64110
INTERMEDIARY NO: 00241
PROVIDER NO: 2826D1

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 07
DATE APPROVED: 0820TY
NUMBER OF DIALYSIS STATIONS: 025
RENAL NETWORK: 06
CROSS-REFERENCE NO:

STATE=MISSOURI CONTINUED

CHROMALLOY AMERICAN KIDNEY CENTER
4949 BARNES HOSPITAL PLAZA
ST LOUIS, MO 63110
INTERMEDIARY NO: 00241
PROVIDER NO: 262502

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 07
DATE APPROVED: 071877
NUMBER OF DIALYSIS STATIONS: 026
RENAL NETWORK: OR
CROSS-REFERENCE NO:

RENAL DIALYSIS INC
1320 S GRAND AVE
SAINT LOUIS, MO 63104
INTERMEDIARY NO: 00241
PROVIDER NO: 262503

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 07
DATE APPROVED: 091877
NUMBER OF DIALYSIS STATIONS: 027
RENAL NETWORK: OR
CROSS-REFERENCE NO:

COMM DIALYSIS SERV OF NORTHLAND
2709 HOSPITAL DR
N KANSAS CITY, MO 64116
INTERMEDIARY NO: 00241
PROVIDER NO: 262504

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 07
DATE APPROVED: 071879
NUMBER OF DIALYSIS STATIONS: 018
RENAL NETWORK: OR
CROSS-REFERENCE NO:

DIALYSIS CLINICS INC
904 SOUTH FRANKLIN
KIRKSVILLE, MO 63501
INTERMEDIARY NO: 00241
PROVIDER NO: 262505

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 07
DATE APPROVED: 091879
NUMBER OF DIALYSIS STATIONS: 008
RENAL NETWORK: 09
CROSS-REFERENCE NO:

DIALYSIS CLINICS INC
1805 EAST WALNUT
COLUMBIA, MO 65201
INTERMEDIARY NO: 00241
PROVIDER NO: 262506

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 07
DATE APPROVED: 070879
NUMBER OF DIALYSIS STATIONS: 015
RENAL NETWORK: OR
CROSS-REFERENCE NO:

ST LOUIS REGIONAL DIALYSIS CTR
5469 BRIDGELAND DR
BRIDGETON, MO 63044
INTERMEDIARY NO: 00241
PROVIDER NO: 262507

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 07
DATE APPROVED: 041881
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 09
CROSS-REFERENCE NO:

AFFILIATED HOSPITAL DIALYSIS
1031 EXECUTIVE PARKWAY
CREVE COEUR, MO 63141
INTERMEDIARY NO: 00241
PROVIDER NO: 262508

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 07
DATE APPROVED: 072481
NUMBER OF DIALYSIS STATIONS: 024
RENAL NETWORK: 09
CROSS-REFERENCE NO:

METRO NORTH DIALYSIS CTR INC
2670 NETHERTON RD
ST LOUIS, MO 63136
INTERMEDIARY NO: 00241
PROVIDER NO: 262509

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 07
DATE APPROVED: 111881
NUMBER OF DIALYSIS STATIONS: 012
RENAL NETWORK: 09
CROSS-REFERENCE NO:

BLUE SPRINGS DIALYSIS CENTER
205 WEST R.D. MIZE RD
BLUE SPRINGS, MO 64015
INTERMEDIARY NO: 00241
PROVIDER NO: 262511

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 07
DATE APPROVED: 040488
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 09
CROSS-REFERENCE NO:

STATE=MISSOURI CONTINUED

CHROMALLOY AMERICAN/ST ANTHONY'S FAC 10016 KENNERLY RD ST LOUIS, MO 63128 INTERMEDIARY NO: 00241 PROVIDER NO: 262612	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 07 DATE APPROVED: 082983 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 09 CROSS-REFERENCE NO:
DIALYSIS CLINIC INC 610 W ELM ST JEFFERSON CITY, MO 65101 INTERMEDIARY NO: 00241 PROVIDER NO: 262613	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 07 DATE APPROVED: 050184 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 09 CROSS-REFERENCE NO:
FOUR STATE REGIONAL DIALYSIS CENTER 2017 MCCLELLAND BLVD JOPLIN, MO 64801 INTERMEDIARY NO: 00241 PROVIDER NO: 262614	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 07 DATE APPROVED: 070184 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 09 CROSS-REFERENCE NO:
DIALYSIS CLINIC INC 1727 WEST 7TH ST SEDALIA, MO 65301 INTERMEDIARY NO: 00241 PROVIDER NO: 262615	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 07 DATE APPROVED: 090384 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 09 CROSS-REFERENCE NO:
DIALYSIS CLINICS INC 620 EAST MONROE MEXICO, MO 65265 INTERMEDIARY NO: 00241 PROVIDER NO: 262616	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 07 DATE APPROVED: 062685 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 09 CROSS-REFERENCE NO:
DIALYSIS CLINICS INC 1010 CARONDELET KANSAS CITY, MO 64114 INTERMEDIARY NO: 00241 PROVIDER NO: 262617	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 07 DATE APPROVED: 052485 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 09 CROSS-REFERENCE NO:
SE MISSOURI REGIONAL DIALYSIS CTR DOCTOR'S PARK CAPE GIRARDEAU, MO 63701 INTERMEDIARY NO: 00241 PROVIDER NO: 262618	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 07 DATE APPROVED: 101485 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 09 CROSS-REFERENCE NO:
CARDINAL GLENNON MEM HOSP 1465 S GRAND BLVD ST LOUIS, MO 63104 INTERMEDIARY NO: 00241 PROVIDER NO: 263300	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 07 DATE APPROVED: 030185 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 09 CROSS-REFERENCE NO:
ST LOUIS CHILDREN'S HOSP 500 S KINGSHIGHWAY BLVD ST LOUIS, MO 63178 INTERMEDIARY NO: 00241 PROVIDER NO: 263301	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 07 DATE APPROVED: 010184 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 09 CROSS-REFERENCE NO: 262309

STATE=MISSOURI CONTINUEO

THE CHILORER'S MERCY HOSPITAL 24TH AT OILLHAM RO KARSAS CITY, MO 64108 IRTERMEOIARY RO: 0024I PROVIOER RO: 263302	APPROVEO AS: OIALYSIS FACILITY-HOSP STAFF-ASSISTEO SERVICES: SELF-CARE SERVICES: TRAIRIRO SERVICES: CAPO TYPE OF OWRERSHIP: RORPROFIT	HCFA REOIOR: 07 OATE APPROVEO: 070185 RUMBER OF OIALYSIS STATIORS: 000 RERAL RETWORK: 09 CROSS-RIFERERCE RO:
OEACORESS SOUTH OIALYSIS CTR 4145 URIOR RO ST LOUIS, MO 63129 IRTERMEOIARY RO: 0024I PROVIOER RO: 263500	APPROVEO AS: OIALYSIS FACILITY-HOSP STAFF-ASSISTEO SERVICES: HEMOOIALYSIS SELF-CARE SERVICES: TRAIRIRO SERVICES: HEMOOIALYSIS TYPE OF OWRERSHIP: RORPROFIT	HCFA REOIOR: 07 OATE APPROVEO: 022684 RUMBER OF OIALYSIS STATIORS: 018 RERAL RETWORK: 09 CROSS-RIFERERCE RO:

ISHN NATIONAL LISTING OF PROVIDERN FUNNINHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

STATE=MISSISSIPPI

UNIVERSITY MEDICAL DIALYNIN UNIT 2500 N STATE ST JACKSON, MS 3921N INTERMEDIARY NO: 0023D PROVIDEN NO: 250001	APPROVED AN: TRANSPLANT/DIALYNIN CENTEN NTAFF-ASNISTED NERVICEN: HEMODIALYNIN PENITONEAL NELF-CANE NERVICES: TRAININD SERVICEN: CAPD TYPE OF OWNERNHIP: NONPNOFIT	HCFA NEOION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 16 CNOSS-NEFENENCE NO: 252600
CAPT JAMES HILL EBND UNIT 4800 1NTH NT-P.O. BON 1N1D OULFPONT, MS 5N501 INTENMEDIANY NO: 0D2ND PROVIDER NO: 250DIN	APPNOVED AN: DIALYNIN FACILITY-HONP NTAFF-ASNINTED NERVICEN: HEMODIALYNIN PENITONEAL SELF-CANE SERVICES: TRAINING NERVICEN: HEMODIALYNIN PENITONEAL CAPD TYPE OF OWNENNHIP: NONPNOFIT	HCFA NEOION: 04 DATE APPROVED: 010501 NUMBEN OF DIALYSIS STATIONS: 020 NENAL NETWORN: 16 CNOSS-REFERENCE NO: 252307
SINDIND NIVEN HOSP 2609 DENNY AVENUE PANCAOOULA, MS 5N5N7 INTERMEDIARY NO: 0D2NO PROVIDER NO: 250040	APPNOVED AS: INPATIENT ONLY NTAFF-ANNISTED NERVICEN: SELF-CANE NERVICEN: TRAININO NERVICES: TYPE OF OWNENNHIP: NONPNOFIT	HCFA NEOION: 04 DATE APPROVEO: 090178 NUMBEN OF DIALYSIS STATIONS: 000 RENAL NETWORN: 18 CROSS-REFERENCE NO: 252306
KIDNEY CARE INC 5504 N. STATE NT. BOX 4740 JACKSON, MS 39216 INTERMEDIARY NO: 0023D PROVIDER NO: 252501	APPNOVED AN: DIALYNIN FACILITY STAFF ANSINTED NERVICEN: HEMODIALYNIN NELF-CANE SENVICES: TRAININD SERVICEN: HEMODIALYSIS PENITONEAL CAPD TYPE OF OWNENNHIP: NONPNOFIT	HCFA NEOION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 061 RENAL NETWORK: 16 CROSS-REFERENCE NO:
HATTIESBURO CLINIC ESRD 2501 MAMIE ST-MEDICAL PLAZA HATTIESOURO, MS 3940I INTERMEDIARY NO: 0D2ND PROVIDER NO: 252502	APPNOVED AN: DIALYNIN FACILITY NTAFF-ASSINTED SENVICEN: HEMODIALYSIN PENITONEAL NELF-CARE NERVICES: HEMODIALYSIS PENITONEAL TRAININD NERVICES: HEMODIALYNIS PENITONEAL CAPD TYPE OF OWNENSHIP: PNOFIT	HCFA NEOION: 04 DATE APPROVEO: 090176 NUMBER OF DIALYSIS STATIONS: 021 RENAL NETWORK: 15 CROSS-REFERENCE NO:
KIDNEY CARE INC OREENVILLE 1517 RAILROAD AVENUE OREENVILLE, MS 38701 INTERMEDIARY NO: 0D23D PROVIDER NO: 252503	APPROVED AN: DIALYSIN FACILITY NTAFF ANSISTED NENVICES: HEMODIALYNIS SELF-CANE SENVICES: TRAININD NENVICES: TYPE OF OWNERSHIP: NONPNOFIT	HCFA NEOION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 027 RENAL NETWORK: 16 CROSS-REFERENCE NO:
KIDNEY CARE INC 1512 20TH AVE MERIDIAN, MS 5930I INTERMEDIARY NO: 0D2ND PROVIDER NO: 252504	APPNOVED AS: DIALYSIS FACILITY STAFF-ASSINTED SENVICES: HEMODIALYSIS NELF-CANE NENVICEN: TRAININD SENVICEN: HEMODIALYSIS PENITONEAL CAPD TYPE OF OWNENSHIP: NONPNOFIT	HCFA NEOION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 020 NENAL NETWORN: 16 CROSS-REFENENCE NO:
CENTRAL DIALYSIS UNIT INC 381 MEDICAL DR JACKSON, MS 39216 INTERMEDIARY NO: 0D2SO PROVIDER NO: 252506	APPNOVED AS: DIALYSIS FACILITY STAFF-ANSISTED SENVICEN: HEMODIALYSIS SELF-CARE NENVICES: TRAININD SENVICES: HEMODIALYSIS CAPD TYPE OF OWNENSHIP: PNOFIT	HCFA NEOION: 04 OATE APPROVED: 120777 NUMBER OF DIALYSIS STATIONS: 024 NENAL NETWORN: 16 CROSS-REFERENCE NO:
KIDNEY CARE INC 612 N CHURCH ST SNOOKHAVEN, MS 5960I INTERMEDIARY NO: 0D2SO PROVIDER NO: 252506	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SENVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAININO SENVICES: TYPE OF OWNENSHIP: NONPNOFIT	HCFA NEOION: 04 DATE APPROVED: IIIS78 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORN: 16 CNOSS-REFERENCE NO:

STATE=MISSISSIPPI CONTINUED

KIDNEY CARE INC 526 THIRD ST CLARKSDALE, MS 38614 INTERMEDIARY NO: 00230 PROVIDER NO: 252507	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 080178 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 18 CROSS-REFERENCE NO:
KIDNEY CARE INC 2104 5TH ST N SUITE 2 COLUMBUS, MS 39701 INTERMEDIARY NO: 00230 PROVIDER NO: 252508	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 062878 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 18 CROSS-REFERENCE NO:
KIDNEY CARE VICKSBURG 500 DROVE ST, BOX 1396 VICKSBURG, MS 39180 INTERMEDIARY NO: 00230 PROVIDER NO: 252509	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 102780 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 18 CROSS-REFERENCE NO:
LAUREL RENAL DIALYSIS CENTER 859 S 13TH AV LAUREL, MS 39440 INTERMEDIARY NO: 00230 PROVIDER NO: 252510	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 041981 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 18 CROSS-REFERENCE NO:
NORTH MS DIALYSIS SERVICES 1207 ELK ST OKFORD, MS 38655 INTERMEDIARY NO: 00230 PROVIDER NO: 252511	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 030182 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 18 CROSS-REFERENCE NO:
KIDNEY CARE INC P.O. BOX 327 SOUTHAVEN, MS 38671 INTERMEDIARY NO: 00230 PROVIDER NO: 252512	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 062882 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 18 CROSS-REFERENCE NO:
NORTH MISSISSIPPI DIALYSIS SERVICES IN 830 S. OLOSTER TUPELO, MS 38801 INTERMEDIARY NO: 00230 PROVIDER NO: 252513	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 010188 NUMBER OF DIALYSIS STATIONS: 019 RENAL NETWORK: 18 CROSS-REFERENCE NO:
KIDNEY CARE INC GREENWOOD 609 TALLAHATCHIE ST-P.O. BOX 1661 GREENWOOD, MS 38930 INTERMEDIARY NO: 00230 PROVIDER NO: 252514	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 112282 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 18 CROSS-REFERENCE NO:
KIDNEY CARE INC NATCHEZ PO BOX 2024 517 HIGHLAND BLVD NATCHEZ, MS 39120 INTERMEDIARY NO: 00230 PROVIDER NO: 252515	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 112982 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 18 CROSS-REFERENCE NO:

STATE=MISSISSIPPI CONTINUED

BINDING RIVER DIALYSIS CENTER 2712 CRISTWELL PASCAGOULA, MS 39567 INTERMEDIARY NO: 00240 PROVIDER NO: 260016	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 110182 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 10 CROSS-REFERENCE NO:
PEARL RIVER RENAL DIALYSIS CENTER 100 KIRKWOOD RT PICAYUNE, MS 39466 INTERMEDIARY NO: 00240 PROVIDER NO: 260017	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 020886 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 10 CROSS-REFERENCE NO:
NORTH MS DIALYSIS SERVICE 810 ALCORN DR CORINTH, MS 38834 INTERMEDIARY NO: 00240 PROVIDER NO: 260018	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 020288 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 10 CROSS-REFERENCE NO:
OCEAN SPRINGS DIALYSIS CENTER 3009 BIENVILLE BLVD OCEAN SPRINGS, MS 39564 INTERMEDIARY NO: 00230 PROVIDER NO: 260019	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 110182 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 10 CROSS-REFERENCE NO:
KIDNEY CARE INC ROUTE 7,BOX R-80 PHILADELPHIA, MS 39350 INTERMEDIARY NO: 00230 PROVIDER NO: 260020	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 080888 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 10 CROSS-REFERENCE NO:

1986 NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

STATE=MONTANA

ST PETERS COMM HOSP 2475 BROADWAY HELENA, MT 59601 INTERMEDIARY NO: 00250 PROVIDER NO: 270008	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 071477 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 02 CROSS-REFERENCE NO: 272H00
NORTHERN ROCKIES KIDNEY CTR. 2813 9TH AVE N BILLINGS, MT 59103 INTERMEDIARY NO: 00250 PROVIDER NO: 270004	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 071477 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 02 CROSS-REFERENCE NO: 272D01
COLUMBUS HOSP 500 15TH AVE SOUTH GREAT FALLS, MT 59403 INTERMEDIARY NO: 00250 PROVIDER NO: 270013	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 071477 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 02 CROSS-REFERENCE NO: 272J02
ST PATRICK HOSPITAL 500 WEST BROADWAY MISSOULA, MT 59805 INTERMEDIARY NO: 00250 PROVIDER NO: 270014	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 071477 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 02 CROSS-REFERENCE NO: 272J03

INDEX NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

STATE-NORTH CAROLINA

MEMORIAL MIDDLE HOSP 509 BILTMORE AVE ASHEVILLE, NC 28801 INTERMEDIARY NO: 00N10 PROVIDER NO: 340002	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 21 CNDDR-REFERENCE NO: 342R00
DUKE UNIVERSITY MEDICAL CENTER P.O. BOX 2904 DURHAM, NC 27710 INTERMEDIARY NO: 00R10 PROVIDER NO: 340000	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 21 CROSS-REFERENCE NO: 342302
PITT CO MEM HOSP DIARTONSDUNO RD-DOK RO2N OREERVILLE, NC 27804 INTERMEDIARY NO: 00R10 PROVIDER NO: 340040	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 120880 NUMBER OF DIALYSIS STATIONS: 00R RENAL NETWORK: 21 CNDNR-REFERENCE NO: 342S0S
NORTH CAROLINA BAPTIST HOSP- DOO D HAWTHORNE RD WINDTON-DALEM, NC 2710N INTERMEDIARY NO: 00N10 PROVIDER NO: 340047	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL DELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSID STATIONS: 004 RENAL NETWORK: 21 CNDDD-REFERENCE NO: 342S04
NORTH CAROLINA MEMORIAL HOSP- MARRING OR-P.O. DOK DOI CHAPEL HILL, NC 27D14 INTERMEDIARY NO: 00N10 PROVIDER NO: 340081	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 028 RENAL NETWORK: 21 CROSS-REFERENCE NO: 342S0S
CHARLOTTE MEMORIAL HOSP 1000 BLYTHE BLVD-DOK 02861 CHARLOTTE, NC 28232 INTERMEDIARY NO: 00N10 PROVIDER NO: 340110	APPROVED AS: TRANSPLANT/DIALYSID CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL DELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 21 CROSS-REFERENCE NO: 342S06
OREERVILLE DIALYSIS CENTER DOCTORS PARK BLDO D OREERVILLE, NC 27804 INTERMEDIARY NO: 00R10 PROVIDER NO: 342D02	APPROVED AD: DIALYDIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYDID PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 21 CROSS-REFERENCE NO:
METROLINA KIDNEY CENTER INC 928 BAXTER ST CHARLOTTE, NC 28201 INTERMEDIARY NO: 00310 PROVIDER NO: 342S0R	APPROVED AR: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL DELF-CARE SERVICED: TRAINING SERVICED: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 21 CROSS-REFERENCE NO:
OREERSBORO KIDNEY CENTER INC. 200 W WERDOVER AVE OREERSBORO, NC 27401 INTERMEDIARY NO: 00310 PROVIDER NO: 342S04	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 047 RENAL NETWORK: 21 CROSS-REFERENCE NO:

STATE=NORTH CAROLINA CONTINUED

PIEDMONT DIALYSIS CENTER INC
120 MILLER ST
WINSTON-SALEM, NC 27104
INTERMEDIARY NO: 00810
PROVIDER NO: 342606

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 04
DATE APPROVED: 09017R
NUMBER OF DIALYSIS STATIONS: 049
RENAL NETWORK: 21
CROSS-REFERENCE NO:

ASHEVILLE KIDNEY CENTER INC
10 MCDOWELL ST.
ASHEVILLE, NC 28801
INTERMEDIARY NO: 00310
PROVIDER NO: 342606

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 09017R
NUMBER OF DIALYSIS STATIONS: 022
RENAL NETWORK: 21
CROSS-REFERENCE NO:

CAROLINA CLINIC KIDNEY CENTER
1700 S TARBORO ST
WILSON, NC 27893
INTERMEDIARY NO: 00310
PROVIDER NO: 342607

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 08017R
NUMBER OF DIALYSIS STATIONS: 022
RENAL NETWORK: 21
CROSS-REFERENCE NO:

NORTHWESTERN DIALYSIS FACILITY INC
322 MULBERRY ST SW-PO BOX 1268
LENOIR, NC 28645
INTERMEDIARY NO: 00310
PROVIDER NO: 342609

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 08017T
NUMBER OF DIALYSIS STATIONS: 018
RENAL NETWORK: 21
CROSS-REFERENCE NO:

FAYETTEVILLE KIDNEY CENTER INC
1316 AVON ST-P.O.BOX 64668
FAYETTEVILLE, NC 28306
INTERMEDIARY NO: 00310
PROVIDER NO: 342610

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 1219TT
NUMBER OF DIALYSIS STATIONS: 040
RENAL NETWORK: 21
CROSS-REFERENCE NO:

SOUTHEASTERN DIALYSIS CENTER INC
2216 YAUPON DRIVE
WILMINGTON, NC 28401
INTERMEDIARY NO: 00310
PROVIDER NO: 342611

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 04
DATE APPROVED: 0N2RTN
NUMBER OF DIALYSIS STATIONS: 036
RENAL NETWORK: 21
CROSS-REFERENCE NO:

THE RALEIGH CLINIC DIALYSIS FACILITY
201 SWINBURNE ST
RALEIGH, NC 27610
INTERMEDIARY NO: 00310
PROVIDER NO: 342612

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 1001RO
NUMBER OF DIALYSIS STATIONS: 02R
RENAL NETWORK: 21
CROSS-REFERENCE NO:

METROLINA KIDNEY CENTER-GASTON CO
504 WILKINSON BLVD
LOWELL, NC 28204
INTERMEDIARY NO: 00310
PROVIDER NO: 342613

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 111280
NUMBER OF DIALYSIS STATIONS: 020
RENAL NETWORK: 21
CROSS-REFERENCE NO:

HIGH POINT KIDNEY CENTER INC
P.O. BOX 6944
HIGH POINT, NC 27262
INTERMEDIARY NO: 00310
PROVIDER NO: 342614

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL
TRAINING SERVICES: HEMODIALYSIS PERITONEAL
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 090182
NUMBER OF DIALYSIS STATIONS: 014
RENAL NETWORK: 21
CROSS-REFERENCE NO:

STATE=NORTH CAROLINA CONTINUED

ALBEMARLE DIALYSIS CENTER INC 1140 NORTH ROAD STREET ELIZABETH CITY, NC 27909 INTERMEDIARY NO: 00910 PROVIDER NO: 342515	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 03011982 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 21 CROSS-REFERENCE NO:
NORTHWESTERN DIALYSIS FACILITY INC 550 THIRD AVE NW HICKORY, NC 28601 INTERMEDIARY NO: 00910 PROVIDER NO: 342515	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 09121983 NUMBER OF DIALYSIS STATIONS: 013 RENAL NETWORK: 21 CROSS-REFERENCE NO:
ROCKY MOUNT KIDNEY CENTER 254 HILL STREET ROCKY MOUNT, NC 27801 INTERMEDIARY NO: 00910 PROVIDER NO: 342517	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 11151985 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 21 CROSS-REFERENCE NO:
KINSTON DIALYSIS UNIT 1510 NORTH QUEEN ST KINSTON, NC 28501 INTERMEDIARY NO: 00910 PROVIDER NO: 342510	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 02011985 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 21 CROSS-REFERENCE NO:
METROLINA KIDNEY CENTER/CONCORD UNIT 217 BRANCHVIEW DR S.E. CONCORD, NC 28025 INTERMEDIARY NO: 00910 PROVIDER NO: 342519	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 05201985 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 21 CROSS-REFERENCE NO:

1985 NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

STATE=NORTH DAKOTA

ST ALEXIUS MEDICAL CTR 900 E BROADWAY BISMARCK, ND 58502 INTERMEDIARY NO: 00320 PROVIDER NO: 350002	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 070577 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 07 CROSS-REFERENCE NO: 352300
DAKOTA HOSPITAL 1720 S UNIVERSITY DR-BOX 5014 FARGO, ND 58103 INTERMEDIARY NO: 00320 PROVIDER NO: 350004	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 07 CROSS-REFERENCE NO: 352301
UNITED HOSPITAL 1200 S. COLUMBIA RD. GRAND FORKS, ND 58201 INTERMEDIARY NO: 00320 PROVIDER NO: 350019	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 081877 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 07 CROSS-REFERENCE NO: 352302
TRINITY MEDICAL CENTER HOSP BURDICK EXPRESSWAY MINOT, ND 58701 INTERMEDIARY NO: 00320 PROVIDER NO: 350043	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 071778 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 07 CROSS-REFERENCE NO: 352304

STATE=NEBRASKA

BRYAN MEMORIAL HOSPITAL 4848 SUMNER ST LINCOLN, NE 68506 INTERMEDIARY NO: 00260 PROVIDER NO: 280005	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 07 DATE APPROVED: 010184 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 06 CROSS-REFERENCE NO:
GOOD SAMARITAN HOSP 31ST & CENTRAL AVE KEARNEY, NE 68847 INTERMEDIARY NO: 00260 PROVIDER NO: 280008	APPROVED AS: DIALYSIS FACILITY-NONP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 07 DATE APPROVED: 081577 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 06 CROSS-REFERENCE NO: 282300
ST ELIZABETH COMM HEALTH CENTER 555 SOUTH 70TH ST LINCOLN, NE 68510 INTERMEDIARY NO: 62260 PROVIDER NO: 280020	APPROVED AS: DIALYSIS FACILITY-NOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 07 DATE APPROVED: 081377 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 06 CROSS-REFERENCE NO: 282302
ST JOSEPH HOSP-ERRD 601 N 40TH ST OMAHA, NE 68131 INTERMEDIARY NO: 62260 PROVIDER NO: 280030	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITOREAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 07 DATE APPROVED: 092184 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 06 CROSS-REFERENCE NO: 282303
LUTHERAN COMM HOSP 2700 NORFOLK AVE NORFOLK, NE 68701 INTERMEDIARY NO: 00240 PROVIDER NO: 280034	APPROVED AS: DIALYSIS FACILITY-NOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 07 DATE APPROVED: 061377 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 06 CROSS-REFERENCE NO: 282304
WEST NEBRASKA GEN HOSP 4021 AVE D SCOTTSBLUFF, NE 69361 INTERMEDIARY NO: 00260 PROVIDER NO: 280061	APPROVED AS: DIALYSIS FACILITY-NOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 07 DATE APPROVED: 060177 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 06 CROSS-REFERENCE NO: 282306
GREAT PLAINS REGIONAL MED CTR 601 WEST LEOTA STREET NORTH PLATTE, NE 69101 INTERMEDIARY NO: 00260 PROVIDER NO: 280066	APPROVED AS: DIALYSIS FACILITY-NOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITOREAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 07 DATE APPROVED: 030978 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 06 CROSS-REFERENCE NO:
MEMORIAL HOSPITAL 1423 7TH ST AURORA, NE 68818 INTERMEDIARY NO: 00260 PROVIDER NO: 280074	APPROVED AS: DIALYSIS FACILITY-NOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 07 DATE APPROVED: 091176 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 06 CROSS-REFERENCE NO: 282307
BISHOP CLARKSON MEM HOSP (ESRD) DEWEY AVE AT 44TH ST OMAHA, NE 68105 INTERMEDIARY NO: 62260 PROVIDER NO: 280088	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITOREAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITOREAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 07 DATE APPROVED: 071977 NUMBER OF DIALYSIS STATIONS: 023 RENAL NETWORK: 06 CROSS-REFERENCE NO: 282308

STATE=NEW HAMPSHIRE

MARY HITCHCOCK MEMORIAL HOSPITAL 2 MAYNARD STREET HANOVER, NH 03755 INTERMEDIARY NO: 00270 PROVIDER NO: 300003	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 110380 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 20 CROSS-REFERENCE NO: S02301
NASHUA MEMORIAL HOSPITAL S PROSPECT STREET NASHUA, NH 03061 INTERMEDIARY NO: 00270 PROVIDER NO: 300020	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 20 CROSS-REFERENCE NO: 302300
DIALYSIS SERVICE OF NH 2 FISK ROAD CONCORD, NH 03301 INTERMEDIARY NO: 00270 PROVIDER NO: 302500	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 01 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 20 CROSS-REFERENCE NO:
SEACOAST DIALYSIS INC COCHECO PARK,CHESTNUT ST DOVER, NH 03820 INTERMEDIARY NO: 00270 PROVIDER NO: 302501	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 01 DATE APPROVED: 111581 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 20 CROSS-REFERENCE NO:

1986 NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

STATE=NEW JERSEY

HACKENSACK HOSP ASSOCIATION 22 HOSPITAL PLACE HACKENSACK, NJ 07601 INTERMEDIARY NO: 13310 PROVIDER NO: 310001	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 32 CROSS-REFERENCE NO: 312500
NEWARK BETH ISRAEL MEDICAL CENTER 201 LYONS AVE NEWARK, NJ 07112 INTERMEDIARY NO: 00280 PROVIDER NO: 310002	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PENITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 32 CROSS-REFERENCE NO: 312301
HOLY NAME HOSP 718 TEANECK RD TEANECK, NJ 07666 INTERMEDIARY NO: 00280 PROVIDER NO: 310008	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 036 RENAL NETWORK: 32 CROSS-REFERENCE NO: 312302
MORRISTOWN MEMORIAL HOSP 100 MADISON AVE MORRISTOWN, NJ 07960 INTERMEDIARY NO: 00280 PROVIDER NO: 310015	APPROVED AS: DIALYSIS CENTER STAFF ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 32 CROSS-REFERENCE NO: 312503
ST JOSEPHS HOSP & MED CTR 703 MAIN ST PATERSON, NJ 07503 INTERMEDIARY NO: 00280 PROVIDER NO: 310019	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 039 RENAL NETWORK: 32 CROSS-REFERENCE NO: 312304
OUR LADY OF LOURDES MED CTR 1600 HADDON AVENUE CAMDEN, NJ 08103 INTERMEDIARY NO: 00280 PROVIDER NO: 310029	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 32 CROSS-REFERENCE NO: 312305
ALEXIAN BROTHERS HOSPITAL 665 EAST JERSEY ST ELIZABETH, NJ 07206 INTERMEDIARY NO: 00280 PROVIDER NO: 310033	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 021279 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 32 CROSS-REFERENCE NO: 312318
MIDDLESEX GEN-UNIV HOSP. 180 SOMERSET ST NEW BRUNSWICK, NJ 08903 INTERMEDIARY NO: 00280 PROVIDER NO: 310030	APPROVED AS: DIALYSIS CENTER STAFF ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 052680 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 32 CROSS-REFERENCE NO: 312317
CENTRAL JERSEY RENAL DIALYSIS CTR 530 NEW BRUNSWICK AVE PERTH AMBOY, NJ 08861 INTERMEDIARY NO: 00280 PROVIDER NO: 310039	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 015 RENAL NETWORK: 32 CROSS-REFERENCE NO: 312306

STATE=NEW JERSEY CONTINUED

COMMUNITY MEMORIAL HOSP HWY 37 WEST CN 2002 TOMS RIVER, NJ 08753 INTERMEDIARY NO: 55510 PROVIDER NO: 310041	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 081N81 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: N2 CROSS-REFERENCE NO: S12N1N
SHORE MEMORIAL HOSP-REG DIALYSIS UNIT SUNNY & NEW YORK AVES SOMERS POINT, NJ 08244 INTERMEDIARY NO: 55310 PROVIDER NO: 310047	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 32 CROSS-REFERENCE NO: 312307
MUHLENBERG HOSP PARK AVE RANDOLPH RD PLAINFIELD, NJ 07060 INTERMEDIARY NO: 53310 PROVIDER NO: 310055	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 32 CROSS-REFERENCE NO: S12308
BRIDGETON HOSPITAL-RENAL UNIT IRVING & MANHEIM AVE BRIDGETON, NJ 08302 INTERMEDIARY NO: 55510 PROVIDER NO: 310068	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 112383 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 32 CROSS-REFERENCE NO: 312320
JERSEY SHORE MEDICAL CENTER 1945 CORLIES AVE NEPTUNE, NJ 07753 INTERMEDIARY NO: 53510 PROVIDER NO: 310073	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 32 CROSS-REFERENCE NO: S1230N
JERSEY CITY MEDICAL CENTER 50 BALDWIN AVE JERSEY CITY, NJ 07304 INTERMEDIARY NO: 00280 PROVIDER NO: 310074	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 32 CROSS-REFERENCE NO: S12S10
MONMOUTH MEDICAL CENTER 300 2ND AVE LONG BRANCH, NJ 07740 INTERMEDIARY NO: 55510 PROVIDER NO: 310075	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 025 RENAL NETWORK: 32 CROSS-REFERENCE NO: S12511
ST BARNABAS MEDICAL CENTER OLD SHORT HILLS RD LIVINGSTON, NJ 07039 INTERMEDIARY NO: 53310 PROVIDER NO: 310075	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 32 CROSS-REFERENCE NO: S12512
EAST ORANGE GENERAL HOSP 300 CENTRAL AVE EAST ORANGE, NJ 07018 INTERMEDIARY NO: 00280 PROVIDER NO: 310083	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 32 CROSS-REFERENCE NO: S12S14

STATE-NEW JERSEY CONTINUED

HELENE FULD MEDICAL CENTER
750 BRUNSWICK AVE
TRENTON, NJ 00660
INTERMEDIARY NO: 5NN10
PROVIDER NO: 510092

APPROVED AS: DIALYNIN CENTEN
NTAFF-ANNINTED NENVICEN: HEMODIALYNIN
NELF-CANE NENVICEN:
TNAINING NENVICEN: HEMODIALYNIN
TYPE OF OWNENNHIP: NONPNOFIT

HCFA NEDION: 02
OATE APPNOVED: 090177
NUMBEN OF DIALYSIS STATIONS: 010
NENAL NETWONN: N2
CNOSS-NEFENENCE NO: 512515

ST MICHAELS MEDICAL CENTER
506 HIGH STREET
NEWARK, NJ 07102
INTERMEDIARY NO: 00280
PROVIDER NO: 510096

APPROVED AN: DIALYSIN CENTEN
NTAFF-ANNINTED NENVICEN: HEMODIALYNIN
NELP-CANE SENVICEN:
TNAINING NENVICEN: CAPD
TYPE OF OWNENSHIP: NONPNOFIT

HCFA NEOION: 02
OATE APPNOVEO: ONO177
NUMBEN OF DIALYSIS STATIONS: 005
NENAL NETWONN: 52
CNONS-NEFENENCE NO: 512515

COLLEOE HOSPITAL-ESNO
100 BEROEN ST
NEWARK, NJ 07107
INTERMEDIARY NO: 63N10
PROVIOER NO: 510119

APPROVLO AN: OIALYNIN FACILITY-HOSP
NTAFF-ASNINTED NENVICEN: HEMODIALYNIN PENITONEAL
NELF-CANE NENVICEN:
TNAINING NENVICEN:
TYPE OF OWNENNHIP: NONPNOFIT

HCFA NEOION: 02
OATE APPNOVED: 012079
NUMBEN OF DIALYSIS STATIONS: 006
NENAL NETWONN: 52
CNOSS-NEFENENCE NO:

BIOMEOICAL LIFE NUPPONT INC
1071 SPRINOFIELO AVE
IRVINOTON, NJ 07111
INTERMEOIARY NO: 53310
PROVIOER NO: 312501

APPROVED AN: DIALYNIS FACILITY
NTAFF ANNINTEO NENVICEN: HEMODIALYNIN
OELF-CANE SENVICEN:
TNAINING SINVICEN:
TYPE OF OWNENSHIP: PNOFIT

HCFA NEOION: 02
DATE APPNOVED: 090177
NUMBEN OF OIALYSIS STATIONS: 020
NENAL NETWONK: N2
CNOSS-NEFENENCE NO:

BMA OF JERSEY CITY
45 JONES ST
JERSEY CITY, NJ 07306
INTERMEOIANY NO: 00280
PROVIOER NO: N12602

APPNOVIO AS: OIALYNIN FACILITY
NTAFF-ASSISTEO NINVICEN: HEMODIALYNIN
NELF-CANE SENVICEN: HEMODIALYSIN
TNAINING NENVICEN:
TYPE OF OWNENSHIP: PNOFIT

HCFA NEOION: 02
DATE APPNOVEO: 090177
NUMBEN OF OIALYSIS STATIONS: 020
NENAL NETWONK: 52
CNOSS-NEFENENCE NO:

DIOMEOICAL LIFE SUPPONT SYSTEMS
PO OOX 660 HOOK MOUNTAIN ROAD
PINE BNOOK, NJ 07060
INTERMEOIANY NO: 63310
PNOVIOER NO: 312606

APPNOVED AS: DIALYSIN FACILITY
STAFF-ASNINTED SENVICEN: HEMODIALYNIS PENITONEAL
SELF-CANE SENVICES:
TNAINING SINVICEN: HEMODIALYSIN PENITONEAL
TYPE OF OWNENSHIP: PNOFIT

HCFA NEOION: 02
DATE APPNOVED: ONO177
NUMBEN OF DIALYSIS STATIONS: 020
NENAL NETWONN: N2
CNOSS-NEFENENCE NO:

BMA OF TNENTON INC
40 FULO STNEET
TNENTON, NJ 08630
INTERMEDIANY NO: 6NN10
PNOVIDER NO: 312604

APPNOVEO AS: DIALYNIS FACILITY
NTAFF-ASSISTED SENVICEN: HEMODIALYSIN
NELF-CANE SENVICES: HEMODIALYNIN
TNAINING NENVICEN:
TYPE OF OWNENSHIP: PNOFIT

HCFA NEOION: 02
OATE APPNOVEO: 090177
NUMBEN OF OIALYSIS STATIONS: 020
NENAL NETWONN: N2
CNOSS-NEFENENCE NO:

A P MIELE DIALYSIS CENTEN
51 CENTNAL AVE
EAST ONANOE, NJ 07018
INTERMEDIANY NO: 00250
PNOVIDEN NO: 312505

APPNOVEO AS: DIALYNIN FACILITY
NTAFF-ASNISTED NENVICEN: HEMODIALYNIN PENITONEAL
SELF-CANE NENVICES: HEMODIALYSIN
TNAINING SENVICES: HEMODIALYSIS
TYPE OF OWNENSHIP: PNOFIT

HCFA NEOION: 02
OATE APPNOVEO: 051577
NUMBEN OF OIALYSIS STATIONS: 014
NENAL NETWONK: 52
CNOSS-NEFENENCE NO:

NUTH KLIMAN DIALYSIS CENTEN
BLOY ST AND NAMSEY AVE
HILLSIOE, NJ 07205
INTERMEDIANY NO: 53310
PNOVIOEN NO: 312506

APPNOVED AS: DIALYSIN FACILITY
STAFF-ASSISTEO SENVICES: HEMODIALYNIS
HELF-CANE SENVICES:
TNAINING SENVICES:
TYPE OP OWNENSHIP: PNOFIT

HCFA NEOION: 02
DATE APPNOVEO: ONN150
NUMBEN OF OIALYSIS STATIONS: 020
NENAL NETWONK: N2
CNOSS-NEFENENCE NO:

STATE=NEW MEXICO

UNIV OF NEW MEXICO HOSP 2211 LOMAS BLVD,NE ALBUQUERQUE, NM 87106 INTERMEDIARY NO: 00290 PROVIDER NO: 320001	APPROVED AS: TRANSPLANT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 080183 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 06 CROSS-REFERENCE NO: 322300
EASTERN N M MEDICAL CENTER 406 W COUNTRY CLUB RD ROSWELL, NM 88201 INTERMEDIARY NO: 00290 PROVIDER NO: 320006	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 070276 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 06 CROSS-REFERENCE NO: 322306
LOVELACE MEDICAL CENTER 5400 GIBSON SE ALBUQUERQUE, NM 87108 INTERMEDIARY NO: 00290 PROVIDER NO: 320019	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 06 CROSS-REFERENCE NO: 322301
CLOVIS HIGH PLAINS HOSP 2100 N THOMAS CLOVIS, NM 88101 INTERMEDIARY NO: 00290 PROVIDER NO: 320022	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 06 CROSS-REFERENCE NO: 322303
REHOBOTH MCKINLEY CHRISTIAN HOSP 1901 RED ROCK DRIVE GALLUP, NM 87301 INTERMEDIARY NO: 00290 PROVIDER NO: 320036	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 06 CROSS-REFERENCE NO: 322304
VA HOSP 2100 RIDGECREST DR SE ALBUQUERQUE, NM 87108 INTERMEDIARY NO: 00080 PROVIDER NO: 32006F	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 06 CROSS-REFERENCE NO: 322305
GUADALUPE MEDICAL CTR 2430 W PIERCE ST CARLSBAD, NM 88220 INTERMEDIARY NO: 00290 PROVIDER NO: 320063	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 111279 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 06 CROSS-REFERENCE NO: 322307
NEW MEXICO ARTIFICIAL KIDNEY CENTER 400 WALTER N E ALBUQUERQUE, NM 87102 INTERMEDIARY NO: 00290 PROVIDER NO: 322500	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 015 RENAL NETWORK: 06 CROSS-REFERENCE NO:
BIOMEDICAL APPLICATIONS OF SANTA FE 1660 HOSPITAL DR #300 SANTA FE, NM 87501 INTERMEDIARY NO: 00290 PROVIDER NO: 322501	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 010978 NUMBER OF DIALYSIS STATIONS: 013 RENAL NETWORK: 06 CROSS-REFERENCE NO:

INHN NATIONAL LINTIND OF PNOVIDENS FURNISHIRO NIDREY DIALYSIS AND TNARSPLART SERVICES

STATE-NEW MEXICO CORTIRUED

FOUR CORRERS DIALYNIR CTN. 88T R MAPLE FARMIRDTOR, NM NT4D1 INTERMEDIANY NO: 002RO PNOVIDEN RO: 8228DN	APPNOVED AS: OIALYSIS FACILITY NTAFF-ANSISTEO NENVICES: HEMODIALYSIN NELF-CANN NENVICEN: TNAINIRO RERVICEN: CAPO TYPE OF OWNENRNIP: PROFIT	HCFA REDION: OR DATE APPNOVED: 0S20TR NUMBEN OF DIALYSIS STATIORS: 010 RENAL NETWORK: DN CROSS-NEFERERCE NO:
ALBUQUERQUE KIDREY CENTER 1129N LONAN NLVO NE ALSUQUERQUE, NM NT128 IRTERMEDIARY NO: D02ND PROVIDER RO: 8228D4	APPROVED AS: DIALYSIS FACILITY NTAFF-ANSINTED NERVICES: HEMODIALYSIS NELF-CARE NENVICEN: TNAINIRD NENVICEN: TYPE OF OWNENNHIP: PNOFIT	HCFA REOION: OS DATE APPNOVED: 1DD$$1 RUMBER OF DIALYSIS STATIORS: D10 NENAL NETWORK: DS CROSS-REFERENCE NO:
SOUTHERN NM NEOIORAL DIALYNIN CTN 1DDI R SOLANO DRIVE LAS CRUCEN, RM NN001 IRTENMEDIARY RO: 002NO PROVIDER NO: 822808	APPROVEO AN: DIALYNIS FACILITY STAFF-ANSINTED NENVICES: HEMODIALYSIS NELF-CANE NERVICES: TNAINIRO NERVICEN: TYPE OF OWNENNHIP: PROFIT	HCFA REDION: DS DATE APPNOVED: 120$$I RUMBER OF DIALYSIS STATIORS: 012 NENAL NETWONN: OS CROSS-NEFENERCE RO:
DIALYSIS CLIRIC INC 1811 CENTNAL AVE NE ALSUQUERQUE, RM 8710N IRTENMEDIANY NO: 002RD PROVIOER NO: N228DN	APPNOVED AS: DIALYSIN FACILITY RTAFF-ANSINTED NENVICES: HEMODIALYSIS PENITOREAL NELF-CANE SENVICEN: TNAININD NIRVICEN: CAPD TYPN OF OWNENNHIP: RONPROFIT	HCFA REOIOR: OR DATE APPROVED: D8D1$$ NUMBER OF DIALYSIS STATIORS: D10 RENAL NETWORK: OS CROSS-REFERENCE RO:

1986 NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

STATE=NEVADA

WASHOE MEDICAL CENTER 77 PRINCE WAY RENO, NV 89520 INTERMEDIARY NO: 51290 PROVIDER NO: 290001	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 08117? NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 03 CROSS-REFERENCE NO: 2N2900
SOUTHERN NEVADA MEMORIAL HOSPITAL 1600 WEST CHARLESTON BLVD LAS VEGAS, NV 89102 INTERMEDIARY NO: 51290 PROVIDER NO: 290007	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 09 DATE APPROVED: 060877 NUMBER OF DIALYSIS STATIONS: 02N RENAL NETWORK: 04 CROSS-REFERENCE NO: 2N2302
RENAL DIALYSIS CTR OF LAS VEGAS 3196 MARYLAND PARKWAY 8401 LAS VEGAS, NV 89109 INTERMEDIARY NO: 51051 PROVIDER NO: 292600	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 09 DATE APPROVED: 060783 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 04 CROSS-REFERENCE NO:

1986 NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

STATE=NEW YORK

ELIZABETH A HORTON MEMORIAL HOSP 60 PROSPECT AVE MIDDLETOWN, NY 10940 INTERMEDIARY NO: 60RHH PROVIDER NO: 330001	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 2S CROSS-REFERENCE NO: 332600
ALBANY MEM HOSP NORTHERN BLVD ALBANY, NY 12204 INTERMEDIARY NO: 00000 PROVIDER NO: 330008	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 2S CROSS-REFERENCE NO: 332301
NIAGARA HOSP 598 BROADWAY NIAGARA, NY 14301 INTERMEDIARY NO: 00000 PROVIDER NO: 330004	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 072077 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 2S CROSS-REFERENCE NO: 332672
BUFFALO GEN HOSP-DEACONESS DIV 100 HIGH ST BUFFALO, NY 14203 INTERMEDIARY NO: 00300 PROVIDER NO: 330006	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 2S CROSS-REFERENCE NO: 332602
ST JOSEPHS HOSP 127 S BROADWAY YONKERS, NY 10701 INTERMEDIARY NO: 00300 PROVIDER NO: 330006	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 2S CROSS-REFERENCE NO: 332603
BRONX LEBANON HOSP CTR 1276 FULTON AVENUE BRONX, NY 10456 INTERMEDIARY NO: 00300 PROVIDER NO: 330009	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 2S CROSS-REFERENCE NO: 332304
PRESBYTERIAN HOP 622 W 168TH ST NEW YORK, NY 10032 INTERMEDIARY NO: 00300 PROVIDER NO: 330012	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 2S CROSS-REFERENCE NO: 332606
ALBANY MED CTR HOSP NEW SCOTLAND AV ALBANY, NY 12208 INTERMEDIARY NO: 00300 PROVIDER NO: 330013	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 2S CROSS-REFERENCE NO: 332306
MERCY HOSPITAL OF WATERTOWN 218 STONE ST WATERTOWN, NY 13601 INTERMEDIARY NO: 00300 PROVIDER NO: 330018	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 081684 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 2S CROSS-REFERENCE NO: 332304

STATE=NEW YORK CONTINUED

MOUNT SINAI MEDICAL CTR-9TH FL 1 0 L LEVY PL HOUSMAN PAV NEW YORK, NY 10029 INTERMEDIARY NO: 00308 PROVIDER NO: 330024	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 2B CROSS-REFERENCE NO: NS2N07
NASSAU CO MED CTR 2201 HEMPSTEAD TNPK EAST MEADOW, NY 11554 INTERMEDIARY NO: 00308 PROVIDER NO: 330027	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 2B CROSS-REFERENCE NO: NS2N0W
ST LUKES MEMORIAL HOSP CENTER 6DK479 UTICA, NY 13503 INTERMEDIARY NO: 00308 PROVIDER NO: 330044	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 01W RENAL NETWORK: 2B CROSS-REFERENCE NO: NN2N0S
HUNTINGTON HOSP 270 PARK AVE HUNTINGTON, NY 11743 INTERMEDIARY NO: 00308 PROVIDER NO: 330045	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 2B CROSS-REFERENCE NO: NS2N10
BOOTH MEMORIAL HOSP MAIN ST AT BOOTH MEM AVE FLUSHING, NY 11355 INTERMEDIARY NO: 00308 PROVIDER NO: 330055	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIY	HCFA REGION: 02 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 2B CROSS-REFERENCE NO: NS2N11
BROOKLYN HOSP 121 DEKALB AVE BROOKLYN, NY 11201 INTERMEDIARY NO: 00308 PROVIDER NO: 330056	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 2B CROSS-REFERENCE NO: NS2N12
MONTEFIORE HOSP 111 E 210TH ST BRONX, NY 10467 INTERMEDIARY NO: 00308 PROVIDER NO: 330059	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 2B CROSS-REFERENCE NO: NS2N15
NY INFIRMARY-BEEKMAN DOWNTOWN HOSP 170 WILLIAM ST NEW YORK, NY 10038 INTERMEDIARY NO: 00308 PROVIDER NO: 330054	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 010181 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 2B CROSS-REFERENCE NO:
ST FRANCIS HOSP NORTH RD POUGHKEEPSIE, NY 12601 INTERMEDIARY NO: 00308 PROVIDER NO: 330057	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 041077 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 2B CROSS-REFERENCE NO: NS2N18

STATE-NEW YORK CONTINUED

MISERICORDIA HOSP MED CTR 500 EAST 235RD STREET BRONX, NY 10405 INTERMEDIARY NO: 00500 PROVIDER NO: 000072	APPROVED AS: DIALYNIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYNIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 25 CROSS-REFERENCE NO: 552316
ARNOT OGDEN MEMORIAL HOSP ROE AVE OROVE ST ELMIRA, NY 14901 INTERMEDIARY NO: 00500 PROVIDER NO: 500090	APPROVED AS: DIALYNIN CENTER STAFF ASSISTED SERVICES: HEMODIALYSIN SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYOIN TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 25 CROSS-REFERENCE NO: 552510
NEW YORK HOSP 525 E 68TH ST NEW YORK, NY 10021 INTERMEDIARY NO: 00500 PROVIDER NO: 330101	APPROVED AS: TRANSPLANT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 092385 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 20 CROSS-REFERENCE NO: 502521
NORTH SHORE UNIV HOSP 500 COMMUNITY DRIVE MANHASSET, NY 11030 INTERMEDIARY NO: 00500 PROVIDER NO: 330100	APPROVED AS: DIALYNIN CENTER STAFF ANNISTED SERVICES: HEMODIALYNIN PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIN PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 025 RENAL NETWORK: 25 CROSS-REFERENCE NO: 552522
CENTRAL SUFFOLK HOSP 244 OLD COUNTRY RD RIVERHEAD, NY 11901 INTERMEDIARY NO: 00500 PROVIDER NO: 330107	APPROVED AS: DIALYSIN CENTER STAFF-ASSISTED SERVICES: HEMODIALYNIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYNIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 110283 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 26 CROSS-REFERENCE NO: 552381
MILLARD FILLMORE HOSP 3 GATES CIRCLE BUFFALO, NY 14209 INTERMEDIARY NO: 00500 PROVIDER NO: 330110	APPROVED AS: DIALYSIS CENTER STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 25 CROSS-REFERENCE NO: 552523
LENOX HILL HOSP 100 E 77TH ST NEW YORK, NY 10021 INTERMEDIARY NO: 00500 PROVIDER NO: 330119	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 20 CROSS-REFERENCE NO: 552524
ST LUKES HOSP CENTER AMSTERDAM AVE & 114TH ST NEW YORK, NY 10020 INTERMEDIARY NO: 00500 PROVIDER NO: 550120	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 26 CROSS-REFERENCE NO: 552526
ROCHESTER GEN HOSP 1425 PORTLAND AVE ROCHESTER, NY 14621 INTERMEDIARY NO: 00500 PROVIDER NO: 330125	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 2N CROSS-REFERENCE NO: 552527

STATE=NEW YORK CONTINUED

CITY HOSP CENTER AT ELMHURST 79D1 BROADWAY QUEENS ELMHURST, NY 11373 INTERMEDIARY NO: 0D3D8 PROVIDER NO: 330128	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 26 CROSS-REFERENCE NO: 332328
THE MARY IMOGENE BASSETT HOSP ATWELL RD COOPERSTOWN, NY 13326 INTERMEDIARY NO: 0D3D8 PROVIDER NO: 330136	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 26 CROSS-REFERENCE NO: 332329
ST JOSEPHS HOSP HEALTH CENTER 3D1 PROSPECT AVE SYRACUSE, NY 13203 INTERMEDIARY NO: 0D3D8 PROVIDER NO: 330140	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 082277 NUMBER OF DIALYSIS STATIONS: 013 RENAL NETWORK: 26 CROSS-REFERENCE NO: 332331
BROOKHAVEN MEMORIAL HOSP 1D1 HOSPITAL ROAD PATCHOGUE, NY 11772 INTERMEDIARY NO: 0D3D8 PROVIDER NO: 330141	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 26 CROSS-REFERENCE NO: 332332
BETHESDA HOSPITAL BETHESDA DRIVE NORTH HORNELL STEUBEN, NY 14843 INTERMEDIARY NO: 0D3D8 PROVIDER NO: 330150	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 030185 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 26 CROSS-REFERENCE NO: 332365
LONG ISLAND COLLEGE HOSP 340 HENRY ST BROOKLYN, NY 11201 INTERMEDIARY NO: 0D3D8 PROVIDER NO: 330152	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 023 RENAL NETWORK: 26 CROSS-REFERENCE NO: 332333
MEMORIAL HOSP 1276 YORK AVE NEW YORK, NY 10021 INTERMEDIARY NO: 0D308 PROVIDER NO: 330154	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 26 CROSS-REFERENCE NO: 332334
GOOD SAMARITAN HOSP-WEIS RENAL CTR RT 59 SUFFERN, NY 10901 INTERMEDIARY NO: 0D308 PROVIDER NO: 330158	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 080382 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 26 CROSS-REFERENCE NO: 332377
STATEN ISLAND HOSP 475 SEAVIEW AVE STATEN ISLAND, NY 10305 INTERMEDIARY NO: 00308 PROVIDER NO: 330160	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 26 CROSS-REFERENCE NO: 332335

STATE=NEW YORK CONTINUED

WINTHROP UNIVERSITY HOSPITAL 259 1ST ST MINEOLA, NY 11501 INTERMEDIARY NO: 00505 PROVIDER NO: 330157	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITOREAL SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 2S CROSS-REFERENCE NO: 562556
GENESEE HOSP 244 ALEXANDER ST ROCHESTER, NY 14607 INTERMEDIARY NO: 00505 PROVIDER NO: 330153	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 2S CROSS-REFERENCE NO: 332538
NEW ROCHELLE HOSP MEDICAL CENTER 16 GUION PLACE NEW ROCHELLE, NY 10802 INTERMEDIARY NO: 00505 PROVIDER NO: 330154	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 2S CROSS-REFERENCE NO: 552669
VA MEDICAL CENTER MIDDLEVILLE RD NORTHPORT , NY 11768 INTERMEDIARY NO: 99990 PROVIDER NO: 330198	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 052582 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 2S CROSS-REFERENCE NO: 332578
OLEAN FALLS HOSPITAL 100 PARK STREET OLEAN FALLS, NY 12001 INTERMEDIARY NO: 00000 PROVIDER NO: 330191	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS PERITOREAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 071060 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 2S CROSS-REFERENCE NO: 332370
FLUSHING HOSP & MEDICAL CTR 4000 PARSONS BLVD FLUSHING, NY 11355 INTERMEDIARY NO: 00000 PROVIDER NO: 330193	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 092784 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 2S CROSS-REFERENCE NO: 362385
MAIMONIDES MEDICAL CENTER 4502 TENTH AVENUE BROOKLYN, NY 11219 INTERMEDIARY NO: 00505 PROVIDER NO: 330194	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 2S CROSS-REFERENCE NO: 332340
LONG ISLAND JEWISH HILLSIDE MED CTR LAKEVILLE ROAD NEW HYDE PARK, NY 11042 INTERMEDIARY NO: 00505 PROVIDER NO: 330195	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 2S CROSS-REFERENCE NO: 332341
CONEY ISLAND HOSP 2501 OCEAN PKWY BROOKLYN, NY 11235 INTERMEDIARY NO: 00505 PROVIDER NO: 330195	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 051481 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 2S CROSS-REFERENCE NO: 332374

STATE=NEW YORK CONTINUED

METROPOLITAN HOSP CENTER
1901 1ST AVE
NEW YORK, NY 10029
INTERMEDIARY NO: 00308
PROVIDER NO: 330199

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 02
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: OON
RENAL NETWORK: 2S
CROSS-REFERENCE NO: 332844

KINGSBROOK JEWISH MEDICAL CENTER
66 E 49TH ST RUTLAND RD
BROOKLYN, NY 11203
INTERMEDIARY NO: 00308
PROVIDER NO: 330201

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 02
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: OON
RENAL NETWORK: 2S
CROSS-REFERENCE NO: 332846

KINGS CO HOSP CENTER
451 CLARKSON AVE
BROOKLYN, NY 11203
INTERMEDIARY NO: 00308
PROVIDER NO: 330202

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 02
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 01R
RENAL NETWORK: 2S
CROSS-REFERENCE NO: NN2547R

BELLEVUE HOSPITAL
27TH ST & FIRST AVE
NEW YORK, NY 10016
INTERMEDIARY NO: 00308
PROVIDER NO: 330204

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 02
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: OON
RENAL NETWORK: 2S
CROSS-REFERENCE NO: 332847

A BARTON HEPBURN HOSP
214 KING ST
OGDENSBURG, NY 13669
INTERMEDIARY NO: 00308
PROVIDER NO: 330211

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 02
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 004
RENAL NETWORK: 2N
CROSS-REFERENCE NO: 332848

UNIVERSITY HOSP
560 FIRST AVE
NEW YORK, NY 10016
INTERMEDIARY NO: 00308
PROVIDER NO: 330214

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 02
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 004
RENAL NETWORK: 2S
CROSS-REFERENCE NO: 332854R

ERIE CO MED CTR
462 ORIOER ST
BUFFALO, NY 14215
INTERMEDIARY NO: 00308
PROVIDER NO: 330219

APPROVED AS: TRANSPLANT/DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 02
DATE APPROVED: 080177
NUMBER OF DIALYSIS STATIONS: 008
RENAL NETWORK: 2N
CROSS-REFERENCE NO: 352850

ST CLARES HOSP HEALTH CENTER
415 W 51ST ST
NEW YORK, NY 10019
INTERMEDIARY NO: 00308
PROVIDER NO: 330230

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 02
DATE APPROVED: 072781
NUMBER OF DIALYSIS STATIONS: OON
RENAL NETWORK: 2S
CROSS-REFERENCE NO: 352878

BROOKDALE HOSP MEDICAL CENTER
LINDEN BLVD. AT BROOKDALE PLAZA
BROOKLYN, NY 11212
INTERMEDIARY NO: 00308
PROVIDER NO: 330233

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 02
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: OON
RENAL NETWORK: 2S
CROSS-REFERENCE NO: 352852

STATE-NEW YORK CONTINUED

WESTCHESTER COUNTY MED CTR
RENAL DIALYSIS UNIT
VALHALLA, NY IDDN6
INTERMEDIARY NO: ODNO8
PROVIDEN NO: 33D2N4

APPNOVED AS: DIALYSIS CENTER
NTAFF-ASNINTED NENVICES: HEMODIALYSIN PENITDNEAL
SELF-CANE NENVICEN:
TNAINING NENVICEN: HEMODIALYNIN CAPD
TYPE OF OWNENNHIP: NDNPNDFIT

HCFA NEDION: 02
DATE APPNOVED: D90I77
NUMBER DF DIALYSIS STATIONS: DIO
RENAL NETWDRK: 26
CRDSS-REFERENCE ND: 332353

WDMANS CHRIDTIAN ASSDC HDSP
207 FDDTE AVE
JAMESTDWN, NY I47DI
INTERMEDIARY NO: OONO8
PRDVIDER ND: N3D2N9

APPNOVED AS: DIALYSIS CENTEN
NTAFF-ANNINTED NENVICES: HEMODIALYSIS PENITONEAL
NELF-CANE SENVICEN: HEMODIALYSIS PENITDNEAL
TNAININD NENVICEN: HEMODIALYSIS PENITONEAL CAPD
TYPI OF DWNERSHIP: NONPNDFIT

HCFA REDIDN: 02
DATE APPRDVEO: D2268D
NUMBER OF DIALYSIS STATIDNS: 0D6
RENAL NETWDRK: 26
CROSS-REFERENCE ND: 332369

HARLEM HDSP CTN
606 LENDX AVE
NEW YDRK, NY IDDN7
INTERMEDIARY NO: OONO8
PRDVIDER ND: N3D240

APPNOVED AN: DIALYSIS CENTEN
NTAFF-ANNINTED NENVICES: HEMODIALYNIS
NELF-CANE SENVICES:
TNAINING NENVICES:
TYPE OF OWNENNHIP: NONPNDFIT

HCFA REDIDN: 02
OATE APPRDVEO: 09DI77
NUMBER OF DIALYSIS STATIONS: 004
RENAL NETWDRK: 26
CRDSS-REFERENCE NO: 332364

STATE UNIV HDSP-UPSTATE MED CTN
750 E ADAMS NY
SYRACUSE, NY 1321D
INTENMEDIARY NO: OONO8
PRDVIDER NO: 3ND24I

APPNDVED AS: TNANSPLANT/DIALYNIS CENTEN
NTAFF ANSINTED SENVICES: HEMODIALYSIS
SELF-CANE NENVICES:
TNAINING NERVICES: HEMODIALYSIN PERITDNEAL CAPD
TYPE DF DWNERSHIP: NDNPNDFIT

HCFA REDIDN: 02
DATE APPRDVEO: 09DI77
NUMBER OF DIALYSIS STATIONS: DO9
RENAL NETWDRK: 26
CROSS-REFERENCE ND: 332366

CHAMPLAIN VALLEY PHYSICIANS HONP
IDD OEEKMAN ST
PLATTSDUROH, NY I29DI
INTERMEDIARY ND: DONO8
PRDVIDER NO: 33D280

APPRDVEO AS: DIALYSIS CENTEN
STAFF-ANNISTED SENVICES: HEMODIALYSIS
SELF-CARE NERVICES:
TNAININD NERVICES:
TYPE OF OWNENSHIP: NDNPROFIT

HCFA REDIDN: D2
DATE APPRDVEO: D90I77
NUMBER OF DIALYSIS STATIDNS: 004
RENAL NETWORK: 26
CRDSS-REFERENCE NO: 332356

STRDND MEM HDSP (ESRD)
5DI ELMWDDD AVE
RDCHESTER, NY I4642
INTERMEDIARY ND: 0D3D8
PRDVIDEN ND: 330208

APPROVED AS: TRANSPLANT/DIALYSIN CENTER
NTAFF-ANNISTEO NENVICES: HEMODIALYNIN
SELF-CARE SERVICES:
TNAININD SENVICEN: HEMODIALYSIS PENITDNEAL
TYPI OF DWNERNHIP: NDNPNDFIT

HCFA REOIDN: D2
DATE APPRDVED: 09DI77
NUMBER OF DIALYSIS STATIONS: 0D4
RENAL NETWDRK: 26
CRDSS-REFERENCE NO: 332358

ODDO SAMARITAN NDSPITAL
IDOO MONTAUK HIONWAY
WEST ISLIP, NY II796
INTERMEDIARY NO: D03D5
PRDVIDER ND: 330256

APPRDVEO AN: DIALYSIS CENTEN
STAFF-ASSISTEO SENVICES: HEMODIALYSIS PENITONEAL
SELF-CANE SENVICES:
TNAININD SENVICEN: CAPO
TYPE OF DWNENSHIP: NDNPNDFIT

HCFA REOIDN: D2
DATE APPROVEO: D90I77
NUMBER DF DIALYSIS STATIONS: 0D2
RENAL NETWORK: 26
CRDSS-REFERENCE ND: 332359

ST VINCENTS HDSP MEDICAL CENTEN
I69 W IITH ST
NEW YORK, NY IOOII
INTERMEDIARY ND: DD305
PROVIDER ND: 39029D

APPRDVED AS: OIALYSIS CENTER
NTAFF-ASSISTED SENVICEN: HEMODIALYSIN
SELF-CANE SENVICES:
TNAININD SENVICES:
TYPE OF DWNERSHIP: NONPNDFIT

HCFA REOIDN: 02
OATE APPRDVEO: D9DI77
NUMBER OF DIALYSIS STATIONS: 0D4
RENAL NETWORK: 26
CROSS-REFERENCE NO: 392361

LUTHERAN MEDICAL CENTER
I6D-66TH STREET
BRDDKLYN, NY II22D
INTERMEDIARY ND: 00305
PRDVIDER ND: 33D306

APPNDVED AS: DIALYSIN CENTEN
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITDNEAL
SELF-CARE SERVICES:
TRAININO SENVICEN:
TYPE OF OWNENSHIP: NDNPNOFIT

HCFA REDION: D2
DATE APPRDVED: OI2569
NUMBER DF DIALYSIS STATIONS: 0D5
RENAL NETWORK: 25
CROSS-REFERENCE NO: 332380

STATE=NEW YORK CONTINUED

LYDIA E HALL HOSP 320 W MERRICK RD FREEPORT, NY 11520 INTERMEDIARY NO: 00308 PROVIDER NO: 330323	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 28 CROSS-REFERENCE NO: 332363
DOWNSTATE MEDICAL CENTER 445 LENOX RD BOX 23 BROOKLYN, NY 11203 INTERMEDIARY NO: 00308 PROVIDER NO: 330350	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 28 CROSS-REFERENCE NO: 332364
ST JOHN'S QUEENS HOSPITAL 90-02 QUEENS BLVD QUEEKS, NY 11372 INTERMEDIARY NO: 00308 PROVIDER NO: 330357	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 041884 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 28 CROSS-REFERENCE NO: 332382
CHILDRENS HOSP 219 BRYANT ST BUFFALO, NY 14222 INTERMEDIARY NO: 00308 PROVIDER NO: 330377	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 101883 NUMBER OF DIALYSIS STATIONS: 003 RENAL NETWORK: 28 CROSS-REFERENCE NO: 332367
BAYLEY SETON HOSPITAL BAY ST & VANDERBILT AVE STATEN ISLAND, NY 10304 INTERMEDIARY NO: 00308 PROVIDER NO: 330381	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 28 CROSS-REFERENCE NO: 332368
ST JOHN'S EPISCOPAL HOSP (ESRD) 20-12 MOTT AVE FAR ROCKAWAY, NY 11691 INTERMEDIARY NO: 00308 PROVIDER NO: 330382	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 072151 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 28 CROSS-REFERENCE NO:
UNIVERSITY HOSP,HEALTH SCIENCE CTR STATE UNIV OF NEW YORK STONYBROOK, NY 11794 INTERMEDIARY NO: 00308 PROVIDER NO: 330393	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 031050 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 28 CROSS-REFERENCE NO: 332371
UNITED HEALTH SERVICES 33-57 HARRISON ST (BOX 540) JOHNSON CITY, NY 13790 INTERMEDIARY NO: 00308 PROVIDER NO: 330394	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 080181 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 28 CROSS-REFERENCE NO:
INTERFAITH MEDICAL CENTER 555 PROSPECT PLACE BROOKLYN, NY 11238 INTERMEDIARY NO: 00308 PROVIDER NO: 330397	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 010183 NUMBER OF DIALYSIS STATIONS: 031 RENAL NETWORK: 28 CROSS-REFERENCE NO:

STATE-NEW YORK CONTINUED

ST BARNABAS HOSPITAL 183RD ST & 3RD AVE BRONX, NY 10457 INTERMEDIARY NO: 00300 PROVIDER NO: 332009	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 080781 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 25 CROSS-REFERENCE NO: 332376
MANHATTAN KIDNEY CENTER 40 EAST 30TH ST NEW YORK, NY 10016 INTERMEDIARY NO: 00300 PROVIDER NO: 332602	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 028 RENAL NETWORK: 25 CROSS-REFERENCE NO:
BRONX DIALYSIS CENTER 375 EAST 204 HILL RD BRONX, NY 10467 INTERMEDIARY NO: 00300 PROVIDER NO: 332603	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 042 RENAL NETWORK: 25 CROSS-REFERENCE NO:
WESTCHESTER ARTIFICIAL KIDNEY CENTER 503 GRASSLANDS RD VALHALLA, NY 10595 INTERMEDIARY NO: 00300 PROVIDER NO: 332604	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 25 CROSS-REFERENCE NO:
BAUMRITTER KIDNEY CENTER 1200 VAN NEST AVE BRONX, NY 10461 INTERMEDIARY NO: 00300 PROVIDER NO: 332605	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 25 CROSS-REFERENCE NO:
SOUTH BRONX KIDNEY CENTER 1834 WEBSTER AVE BRONX, NY 10457 INTERMEDIARY NO: 00300 PROVIDER NO: 332606	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 25 CROSS-REFERENCE NO:
GOOD SAMARITAN CHRONIC DIALYSIS CENTER 929 SUNRISE HIGHWAY BAY SHORE LONG ISLAND, NY 11706 INTERMEDIARY NO: 00500 PROVIDER NO: 332607	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 25 CROSS-REFERENCE NO:
BOOTH MEMORIAL HOSP SATELLITE 58-45 MAIN ST FLUSHING, NY 11355 INTERMEDIARY NO: 00300 PROVIDER NO: 332608	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PENITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 25 CROSS-REFERENCE NO:
WESTERN NY ARTIFICIAL KIDNEY CENTER 237 LINWOOD AVENUE BUFFALO, NY 14209 INTERMEDIARY NO: 00300 PROVIDER NO: 332610	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 02 DATE APPROVED: 032779 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 26 CROSS-REFERENCE NO:

STATE=NEW YORK CONTINUED

ISLAND REHABILITATIVE SERVICE CORP 470 SEAVIEW AVE STATEN ISLAND, NY 10305 INTERMEDIARY NO: 00308 PROVIDER NO: 332511	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 02 DATE APPROVED: 110779 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 26 CROSS-REFERENCE NO:
NEPHROLOGY FOUNDATION OF BROONLYN 342 FLATBUSH AVE BROOKLYN, NY 11217 INTERMEDIARY NO: 00308 PROVIDER NO: 332512	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 121279 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 26 CROSS-REFERENCE NO:
HUNTINGTON ARTIFICIAL KIDNEY CENTER 256 BROADWAY HUNTINGTON STATION, NY 11746 INTERMEDIARY NO: 00308 PROVIDER NO: 332513	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 02 DATE APPROVED: 121979 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 26 CROSS-REFERENCE NO:
FLOWER HOSP-RENAL DIALYSIS FACILITY 1249 FIFTH AVE NEW YORK, NY 10029 INTERMEDIARY NO: 00308 PROVIDER NO: 332514	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 100179 NUMBER OF DIALYSIS STATIONS: 013 RENAL NETWORK: 26 CROSS-REFERENCE NO:
REGIONAL HOSPITAL SVCS INC 335 MT VERNON AVE ROCHESTER, NY 14620 INTERMEDIARY NO: 00308 PROVIDER NO: 332515	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITOREAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 030481 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 26 CROSS-REFERENCE NO:
SOUTH BROOKLYN NEPHROLOGY CTR INC. 39-15 AVENUE V BROOKLYN, NY 11234 INTERMEDIARY NO: 00308 PROVIDER NO: 332515	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITOREAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITOREAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 02 DATE APPROVED: 072081 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 26 CROSS-REFERENCE NO:
QUEENS ARTIFICIAL KIDNEY CTR 34-35 70TH STREET JACKSON HEIGHTS, NY 11372 INTERMEDIARY NO: 00308 PROVIDER NO: 332517	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 02 DATE APPROVED: 071680 NUMBER OF DIALYSIS STATIONS: 052 RENAL NETWORK: 26 CROSS-REFERENCE NO:
CENTRAL SUFFOLK ARTIFICIAL KIDNEY CTR 1244 MIDDLE COUNTRY RD SELDEN, NY 11784 INTERMEDIARY NO: 00308 PROVIDER NO: 332518	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 02 DATE APPROVED: 120351 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 26 CROSS-REFERENCE NO:
BAYSIDE DIALYSIS CTR INC 201-10 NORTHERN BLVD BAYSIDE, NY 11361 INTERMEDIARY NO: 00308 PROVIDER NO: 332519	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 02 DATE APPROVED: 102488 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 26 CROSS-REFERENCE NO:

STATE-NEW YORK CONTINUED

ROOOSIN INSTITUTE 429 EAST 71ST ST NEW YORK, NY 10021 INTERMEDIARY NO: 00300 PROVIDER NO: 332520	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 092882 NUMBER OF DIALYSIS STATIONS: 027 RENAL NETWORK: 25 CROSS-REFERENCE NO:
SOUTH SHORE DIALYSIS CENTER INC 150 N FRANKLIN AVE HEMPSTEAD, NY 11550 INTERMEDIARY NO: 00300 PROVIDER NO: 332521	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 02 DATE APPROVED: 102083 NUMBER OF DIALYSIS STATIONS: 015 RENAL NETWORK: 25 CROSS-REFERENCE NO:
NEPHROLOGY FOUNDATION (SOUTH UNIT) 2551 E 14TH ST BROOKLYN, NY 11235 INTERMEDIARY NO: 00300 PROVIDER NO: 332522	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 022384 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 25 CROSS-REFERENCE NO:
CAPITAL DISTRICT DIALYSIS CTR INC 1101 NOTT ST SCHENECTADY, NY 12308 INTERMEDIARY NO: 00300 PROVIDER NO: 332523	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PENITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 02 DATE APPROVED: 051484 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 25 CROSS-REFERENCE NO:
CITY DIALYSIS CENTER INC 105 EAST 105 ST NEW YORK, NY 10029 INTERMEDIARY NO: 00300 PROVIDER NO: 332524	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 02 DATE APPROVED: 070584 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 25 CROSS-REFERENCE NO:
RICHMOND KIDNEY CENTER 1355 VICTORY BLVD STATEN ISLAND, NY 10301 INTERMEDIARY NO: 00500 PROVIDER NO: 332525	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS PENITONEAL SELF-CARE SERVICES: HEMODIALYSIS PENITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 02 DATE APPROVED: 052084 NUMBER OF DIALYSIS STATIONS: 017 RENAL NETWORK: 25 CROSS-REFERENCE NO:
TOWNE HOUSE DIALYSIS UNIT 1325 MT HOPE AVE ROCHESTER, NY 14620 INTERMEDIARY NO: 00508 PROVIDER NO: 332525	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PENITONEAL TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 120184 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 25 CROSS-REFERENCE NO:
WEST MANHATTAN KIDNEY CENTER 550 AMSTERDAM AVE NEW YORK, NY 10024 INTERMEDIARY NO: 00508 PROVIDER NO: 332527	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PENITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PENITONEAL TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 02 DATE APPROVED: 120784 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 25 CROSS-REFERENCE NO:
LOWER MANHATTAN DIALYSIS CENTER 107 THIRD AVE NEW YORK, NY 10003 INTERMEDIARY NO: 00508 PROVIDER NO: 332528	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 02 DATE APPROVED: 080885 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 25 CROSS-REFERENCE NO:

STATE=NEW YORK CONTINUED

BROOKLYN KIDNEY CENTER 184 STERLING PLACE BROOKLYN, NY 11217 INTERMEDIARY NO: 00308 PROVIDER NO: 333501	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 28 CROSS-REFERENCE NO:
MONROE COMMUNITY HOSP 435 E HENRIETTA RD PO BX 905 ROCHESTER MONROE, NY 14603 INTERMEDIARY NO: 00308 PROVIDER NO: 333502	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 28 CROSS-REFERENCE NO:
LONG ISLAND JEWISH HOSP SATELLITE 214-65 JAMAICA AVE QUEENS VILLAGE, NY 11427 INTERMEDIARY NO: 00308 PROVIDER NO: 333503	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 28 CROSS-REFERENCE NO:

STATE=OHIO

UNIVERSITY HOSPITAL 2A4 DOOLEY TOWER CINCINNATI, OH 45267 INTERMEDIARY NO: 00NN2 PROVIDER NO: NN000R	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 17 CROSS-REFERENCE TO: 362500
RIVERSIDE METHODIST HOSPITAL RAMP OLENTANGY RIVER RD COLUMBUS, OH 43214 INTERMEDIARY NO: 00NN4 PROVIDER NO: NN000R	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 050177 NUMBER OF DIALYSIS STATIONS: 024 RENAL NETWORK: 22 CROSS-REFERENCE TO: 362501
LIMA MEM HOSP LINDER & MOREL RTE LIMA, OH 45804 INTERMEDIARY NO: 00NN2 PROVIDER NO: NN000R	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 050177 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 22 CROSS-REFERENCE TO: 362502
AKRON CITY HOSPITAL A2B EAST MARKET STREET AKRON, OH 44308 INTERMEDIARY NO: 00NN4 PROVIDER NO: NN001R	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 050177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 22 CROSS-REFERENCE TO: 362505
ST THOMAS HOSPITAL MEDICAL CENTER 444 NORTH MAIN STREET AKRON, OH 44310 INTERMEDIARY NO: 00NN4 PROVIDER NO: NN0030	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 052078 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 22 CROSS-REFERENCE TO:
R.E. MARTIN MEMORIAL DIALYSIS CENTER 1240 KINNEY LANE PORTSMOUTH, OH 45662 INTERMEDIARY NO: 00NN2 PROVIDER NO: NN0027	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 022881 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 22 CROSS-REFERENCE TO: 362324
PROVIDENCE HOSP 1728 COLUMBUS AVE SANDUSKY, OH 44870 INTERMEDIARY NO: 00NN2 PROVIDER NO: N6DD24	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 050578 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 22 CROSS-REFERENCE TO: 362322
AKRON GENERAL MEDICAL CTR 400 WABASH AVE AKRON, OH 44307 INTERMEDIARY NO: 00NN4 PROVIDER NO: NN0027	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 050177 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 22 CROSS-REFERENCE TO: 362304
MT CARMEL MEDICAL CTR (ERRD) 793 W STATE ST COLUMBUS, OH 43222 INTERMEDIARY NO: 00NN4 PROVIDER NO: NN0038	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 050177 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 22 CROSS-REFERENCE TO: 362305

MEDICAL COLLEGE OF OHIO AT TOLEDO 3000 ARLINGTON AVE-CS 10008 TOLEDO, OH 43699 INTERMEDIARY NO: 00332 PROVIDER NO: 360048	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 0N0177 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 22 CROSS-REFERENCE NO: NN2N0N
MIAMI VALLEY HOSP ONE WYOMING ST DAYTON, OH 45409 INTERMEDIARY NO: 00332 PROVIDER NO: 360051	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 0N0177 NUMBER OF DIALYSIS STATIONS: 0N1 RENAL NETWORK: 17 CROSS-REFERENCE NO: SN2N07
ST JOHN HOSPITAL 7911 OETROIT AVE CLEVELAND, OH 44102 INTERMEDIARY NO: 00332 PROVIDER NO: 360058	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 0N0177 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 22 CROSS-REFERENCE NO: NN2N0N
CLEVELAND METRO GEN HOSP 8595 SCRANTON RD CLEVELAND, OH 44105 INTERMEDIARY NO: 00332 PROVIDER NO: 360059	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 0N01TT NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 22 CROSS-REFERENCE NO: NN2N10
ST ELIZABETH HOSP MED CTR 1044 BELMONT AVE YOUNGSTOWN , OH 44505 INTERMEDIARY NO: 00332 PROVIDER NO: 360054	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 0N02N1 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 22 CROSS-REFERENCE NO:
THE TOLEDO HOSP DIAL UNIT 2142 NORTH COVE BLVD TOLEDO, OH 43606 INTERMEDIARY NO: 00337 PROVIDER NO: 360058	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 0N277N NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 22 CROSS-REFERENCE NO: NN252N
MT SINAI MEDICAL CTR UNIVERSITY CIRCLE CLEVELAND, OH 44106 INTERMEDIARY NO: 00332 PROVIDER NO: 360076	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 050177 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 22 CROSS-REFERENCE NO: NS2N11
ST JOHN MEDICAL CTR ST JOHN HEIGHTS STEUBENVILLE, OH 43952 INTERMEDIARY NO: 00332 PROVIDER NO: 360083	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 0N0177 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 22 CROSS-REFERENCE NO: SS2SI2
AULTMAN HOSPITAL 2600 6TH STREET CANTON, OH 44710 INTERMEDIARY NO: 00332 PROVIDER NO: 360084	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 020482 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 22 CROSS-REFERENCE NO: NN2N28

STATE-OHIO CONTINUED

OHIO STATE UNIVERSITY HOSP
410 W 10TH AVE
COLUMBUS, OH 43210
INTERMEDIARY NO: 00884
PROVIDER NO: 360088

APPROVED AS: TRANSPLANT/DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 080177
NUMBER OF DIALYSIS STATIONS: 011
RENAL NETWORK: 22
CROSS-REFERENCE NO: 362318

ST VINCENTS MEDICAL CENTER
2213 CHERRY ST
TOLEDO, OH 43608
INTERMEDIARY NO: 00882
PROVIDER NO: 360112

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 06
DATE APPROVED: 080177
NUMBER OF DIALYSIS STATIONS: 051
RENAL NETWORK: 22
CROSS-REFERENCE NO: 362314

GOOD SAMARITAN HOSPITAL
5217 CLIFTON AVENUE
CINCINNATI, OH 45220
INTERMEDIARY NO: 00882
PROVIDER NO: 360184

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 06
DATE APPROVED: 080177
NUMBER OF DIALYSIS STATIONS: 009
RENAL NETWORK: 17
CROSS-REFERENCE NO: 362318

UNIVERSITY HOSPITALS OF CLEVELAND
2074 ABINGTON RD
CLEVELAND, OH 44106
INTERMEDIARY NO: 00832
PROVIDER NO: 360187

APPROVED AS: TRANSPLANT/DIALYSIS CENTER
STAFF ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 080177
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 22
CROSS-REFERENCE NO: 362318

YOUNGSTOWN HOSP ASSOC
OYPST LANE & GOLETA AVE
YOUNGSTOWN, OH 44501
INTERMEDIARY NO: 00552
PROVIDER NO: 360141

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 06
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 019
RENAL NETWORK: 22
CROSS-REFERENCE NO: 362317

ELYRIA MEMORIAL HOSPITAL
630 EAST RIVER STREET
ELYRIA, OH 44035
INTERMEDIARY NO: 00882
PROVIDER NO: 360148

APPROVED AS: DIALYSIS CENTER
STAFF ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 015
RENAL NETWORK: 22
CROSS-REFERENCE NO: 362318

DOCTORS HOSPITAL NORTH
1087 DERRISOR AVE
COLUMBUS, OH 43201
INTERMEDIARY NO: 00884
PROVIDER NO: 360182

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 06
DATE APPROVED: 011284
NUMBER OF DIALYSIS STATIONS: 006
RENAL NETWORK: 22
CROSS-REFERENCE NO: 362327

CHRIST HOSPITAL
2139 AUBURN AVENUE
CINCINNATI, OH 45219
INTERMEDIARY NO: 00382
PROVIDER NO: 360163

APPROVED AS: TRANSPLANT/DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 06
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 013
RENAL NETWORK: 17
CROSS-REFERENCE NO: 362318

CLEVELAND CLINIC FOUNDATION
9800 EUCLID
CLEVELAND, OH 44106
INTERMEDIARY NO: 00332
PROVIDER NO: 360180

APPROVED AS: TRANSPLANT/DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 06
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 028
RENAL NETWORK: 22
CROSS-REFERENCE NO: 362320

STATE-OHIO CONTINUED

COMMUNITY DIALYSIS CENTER P.O. BOX 12220 EAST CLEVELAND, OH 44112 INTERMEDIARY NO: 00582 PROVIDER NO: 352500	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 22 CROSS-REFERENCE NO:
CENTRAL OHIO DIALYSIS CENTER 4041 N HIGH ST COLUMBUS, OH 43214 INTERMEDIARY NO: 00554 PROVIDER NO: 352501	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 027 RENAL NETWORK: 22 CROSS-REFERENCE NO:
COMMUNITY LIMITED CARE DIALYSIS CTR 2915 CLIFTON AVE CINCINNATI, OH 45220 INTERMEDIARY NO: 00552 PROVIDER NO: 352502	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 17 CROSS-REFERENCE NO:
BIO-MEDICAL APPLICATIONS OF AKRON INC 345 BISHOP STREET AKRON, OH 44307 INTERMEDIARY NO: 00334 PROVIDER NO: 552503	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 22 CROSS-REFERENCE NO:
DIALYSIS CLINICS INC. 499 E MCMILLAN CINCINNATI, OH 45205 INTERMEDIARY NO: 00532 PROVIDER NO: 352504	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 027 RENAL NETWORK: 17 CROSS-REFERENCE NO:
COMMUNITY DIALYSIS CTR 9002 MENTOR AVE MENTOR, OH 44060 INTERMEDIARY NO: 00332 PROVIDER NO: 552505	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 022780 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 22 CROSS-REFERENCE NO:
COMMUNITY LIMITED CARE DIALYSIS 6 EAST AVE MONROE, OH 45050 INTERMEDIARY NO: 00554 PROVIDER NO: 352505	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 050180 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 17 CROSS-REFERENCE NO:
FRANK RAPPI FOUNDATION KIDNEY DIAL CTR 1047 LAKE AVENUE ASHTABULA, OH 44004 INTERMEDIARY NO: 00365 PROVIDER NO: 352507	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 110580 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 22 CROSS-REFERENCE NO:
MANSFIELD KIDNEY CTR BMA 597 PARK AVENUE EAST MANSFIELD, OH 44905 INTERMEDIARY NO: 00534 PROVIDER NO: 552508	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 05 DATE APPROVED: 091580 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 22 CROSS-REFERENCE NO:

STATE=OHIO CONTINUED

OBERFIELD HEALTH SYSTEMS CORP
2020 ARLINGTON AVE
TOLEDO, OH 43606
  INTERMEDIARY NO: 00884
  PROVIDER NO: 362806

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 05
DATE APPROVED: 082481
NUMBER OF DIALYSIS STATIONS: 012
RENAL NETWORK: 22
CROSS-REFERENCE NO:

CLARK COUNTY DIALYSIS FACILITY INC
247 E BURNETT RD
SPRINGFIELD, OH 45505
  INTERMEDIARY NO: 00884
  PROVIDER NO: 362810

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 112985
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 17
CROSS-REFERENCE NO:

ZANESVILLE DIALYSIS CENTER
2120 NEWARK RD
ZANESVILLE, OH 43701
  INTERMEDIARY NO: 00884
  PROVIDER NO: 362811

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 05
DATE APPROVED: 121885
NUMBER OF DIALYSIS STATIONS: 006
RENAL NETWORK: 22
CROSS-REFERENCE NO:

CHILDRENS HOSP MED CTR-EBRD
ELLARD AND BETHESDA AVES
CINCINNATI, OH 45229
  INTERMEDIARY NO: 00884
  PROVIDER NO: 363300

APPROVED AS: TRANSPLANT/DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 080177
NUMBER OF DIALYSIS STATIONS: 008
RENAL NETWORK: 17
CROSS-REFERENCE NO: 362321

CHILDREN'S HOSP MEDICAL CTR
281 LOCUST ST
AKRON, OH 44308
  INTERMEDIARY NO: 00332
  PROVIDER NO: 363303

APPROVED AS: TRANSPLANT/DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 121385
NUMBER OF DIALYSIS STATIONS: 002
RENAL NETWORK: 22
CROSS-REFERENCE NO:

THE CHILDREN'S HOSPITAL-EBRD
700 CHILDREN'S DRIVE
COLUMBUS, OH 43205
  INTERMEDIARY NO: 00334
  PROVIDER NO: 363300

APPROVED AS: TRANSPLANT/DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 082284
NUMBER OF DIALYSIS STATIONS: 003
RENAL NETWORK: 22
CROSS-REFERENCE NO: 362325

CLEVELAND CLINIC WEST RIDE DIAL CTR
2230 HAUSERMAN RD
PARMA, OH 44134
  INTERMEDIARY NO: 00832
  PROVIDER NO: 363400

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 05
DATE APPROVED: 051876
NUMBER OF DIALYSIS STATIONS: 016
RENAL NETWORK: 22
CROSS-REFERENCE NO:

STATE=OKLAHOMA

1986 NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

HILLCREST MEDICAL CENTER 1145 SOUTH UTICA, SUITE 612 TULSA, OK 74104 INTERMEDIARY NO: 00340 PROVIDER NO: 370001	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 017 RENAL NETWORK: 10 CROSS-REFERENCE NO: 372300
ST JOSEPHS HOSPITAL 14TH AND HARTFORD PONCA CITY, OK 74601 INTERMEDIARY NO: 00340 PROVIDER NO: 370005	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 003 RENAL NETWORK: 10 CROSS-REFERENCE NO: 372301
ST MARYS HOSP OF ENID INC P.O. BOX 232 ENID, OK 73702 INTERMEDIARY NO: 00340 PROVIDER NO: 370026	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 033177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 10 CROSS-REFERENCE NO: 372302
BAPTIST MEDICAL CENTER OF OKLAHOMA INC 3300 NORTH WEST EXPRESSWAY OKLAHOMA CITY, OK 73112 INTERMEDIARY NO: 00340 PROVIDER NO: 370028	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 033177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 10 CROSS-REFERENCE NO: 372303
CLINTON REGIONAL HOSP P.O. BOX 218 CLINTON, OK 73601 INTERMEDIARY NO: 62280 PROVIDER NO: 370029	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 063177 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 10 CROSS-REFERENCE NO: 372304
MC ALESTER GEN HOSP I CLARK BASS BLVD MCALESTER, OK 74501 INTERMEDIARY NO: 00340 PROVIDER NO: 370034	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 063177 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 10 CROSS-REFERENCE NO: 372305
OKLAHOMA MEMORIAL HOSPITAL PO BOX 28307 OKLAHOMA CITY, OK 73126 INTERMEDIARY NO: 62280 PROVIDER NO: 370035	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 063177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 10 CROSS-REFERENCE NO: 372313
ST ANTHONY HOSP 1000 N LEE ST OKLAHOMA CITY, OK 73102 INTERMEDIARY NO: 00340 PROVIDER NO: 370037	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 033177 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 10 CROSS-REFERENCE NO: 372505
OKLAHOMA OSTEOPATHIC HOSPITAL NINTH AT JACKSON TULSA, OK 74127 INTERMEDIARY NO: 00340 PROVIDER NO: 370078	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 063177 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 10 CROSS-REFERENCE NO: 372312

STATE-OKLAHOMA CONTINUED

TAHLEQUAH CITY HOSP
P.O. BOX 1008
TAHLEQUAH, OK 74481
IRTERMEDIARY NO: 00040
PROVIDER NO: 370008

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 06
DATE APPROVED: 083177
NUMBER OF DIALYSIS STATIONS: 001
RENAL NETWORK: 10
CROSS-REFERENCE NO: 372007

ST FRANCIS HOSP
5101 S YALE AVE
TULSA, OK 74135
IRTERMEDIARY NO: 00200
PROVIDER NO: 370001

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 06
DATE APPROVED: 083177
NUMBER OF DIALYSIS STATIONS: 009
RENAL NETWORK: 10
CROSS-REFERENCE NO: 372300

PRESBYTERIAN HOSPITAL INC
NORTHEAST 10TH ST LINCOLN BLVD
OKLAHOMA CITY, OK 73104
IRTERMEDIARY NO: 00040
PROVIDER NO: 370003

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 06
DATE APPROVED: 012088
NUMBER OF DIALYSIS STATIONS: 004
RENAL NETWORK: 10
CROSS-REFERENCE NO: 372514

SAYRE MEMORIAL HOSPITAL
P.O. BOX 100
SAYRE, OK 73662
IRTERMEDIARY NO: 00040
PROVIDER NO: 370108

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 06
DATE APPROVED: 083177
NUMBER OF DIALYSIS STATIONS: 003
RENAL NETWORK: 10
CROSS-REFERENCE NO: 372309

VA HOSP
921 NE 13TH ST,11101
OKLAHOMA CITY, OK 73104
IRTERMEDIARY NO: 00040
PROVIDER NO: 370141

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 06
DATE APPROVED: 083177
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 10
CROSS-REFERENCE NO: 372310

OKLAHOMA CHILDRENS MEM HOSP
P.O. BOX 26901
OKLAHOMA CITY, OK 73190
IRTERMEDIARY NO: 00040
PROVIDER NO: 370167

APPROVED AS: TRANSPLANT/DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 06
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 000
RENAL NETWORK: 10
CROSS-REFERENCE NO: 372311

MIDWEST DIALYSIS INC
4512 CLASSEN BOULEVARD
OKLAHOMA CITY, OK 73118
IRTERMEDIARY NO: 00040
PROVIDER NO: 372600

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 06
DATE APPROVED: 083177
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 10
CROSS-REFERENCE NO:

OKLAHOMA DIALYSIS INC.
1117 N SHARTEL SUITE 700
OKLAHOMA CITY, OK 73103
INTERMEDIARY NO: 00040
PROVIDER NO: 372502

APPROVED AS: DIALYSIS FACILITY
STAFF ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 06
DATE APPROVED: 090778
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 10
CROSS-REFERENCE NO:

MIDWEST DIALYSIS DURCAN INC
2645 WEST ELK AVE
DURCAN, OK 73533
INTERMEDIARY NO: 00040
PROVIDER NO: 372003

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 06
DATE APPROVED: 040876
NUMBER OF DIALYSIS STATIONS: 008
RENAL NETWORK: 10
CROSS-REFERENCE NO:

TULSA DIALYSIS CENTER
4438 S HARVARD AVE
TULSA, OK 74135
INTERMEDIARY NO: 00340
PROVIDER NO: 372504

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 06
DATE APPROVED: 082888
NUMBER OF DIALYSIS STATIONS: 016
RENAL NETWORK: 10
CROSS-REFERENCE NO:

STILLWATER MEDICAL CENTER ESRD
P.O. BOX 2408
STILLWATER, OK 74076
INTERMEDIARY NO: 00340
PROVIDER NO: 372505

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 06
DATE APPROVED: 082888
NUMBER OF DIALYSIS STATIONS: 004
RENAL NETWORK: 10
CROSS-REFERENCE NO:

HILLCREST/OKMULGEE DIALYSIS FACILITY
P.O. BOX 510
OKMULGEE, OK 74447
INTERMEDIARY NO: 00340
PROVIDER NO: 373500

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 06
DATE APPROVED: 010188
NUMBER OF DIALYSIS STATIONS: 006
RENAL NETWORK: 10
CROSS-REFERENCE NO:

HILLCREST/MUSKOGEE OK FAC
800 ROCKEFELLER DR
MUSKOGEE, OK 74401
INTERMEDIARY NO: 00340
PROVIDER NO: 373501

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 06
DATE APPROVED: 010188
NUMBER OF DIALYSIS STATIONS: 008
RENAL NETWORK: 10
CROSS-REFERENCE NO:

HILLCREST/J PHILLIPS OK FAC
3500 E FRANK PHILLIPS BLVD
BARTLESVILLE, OK 74003
INTERMEDIARY NO: 00340
PROVIDER NO: 373502

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 06
DATE APPROVED: 010188
NUMBER OF DIALYSIS STATIONS: 005
RENAL NETWORK: 10
CROSS-REFERENCE NO:

1986 NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

STATE=OREGON

OREGON HEALTH SCIENCES UNIV
3181 SW SAM JACKSON PARK RD
PORTLAND, OR 97201
INTERMEDIARY NO: 00380
PROVIDER NO: 380006

APPROVED AS: TRANSPLANT/DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 10
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 008
RENAL NETWORK: 02
CROSS-REFERENCE NO: 382300

OOOO SAMARITAN HOSP & MED CENTER
1015 NW 22 AVE
PORTLAND, OR 97210
INTERMEDIARY NO: 00380
PROVIDER NO: 380017

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 10
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 031
RENAL NETWORK: 02
CROSS-REFERENCE NO: 382301

SACRED HEART GENERAL HOSPITAL
1255 HILYARD ST
EUGENE, OR 97401
INTERMEDIARY NO: 00380
PROVIDER NO: 380033

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 10
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 02
CROSS-REFERENCE NO: 382302

PROVIDENCE MEDICAL CTR (ESRD)
4805 NE GLISAN
PORTLAND, OR 97213
INTERMEDIARY NO: 00380
PROVIDER NO: 380001

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 10
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 007
RENAL NETWORK: 02
CROSS-REFERENCE NO: 382303

OREGON KIDNEY CENTER
5314 NE IRVING
PORTLAND, OR 97213
INTERMEDIARY NO: 00380
PROVIDER NO: 3N2800

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 10
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 021
RENAL NETWORK: 02
CROSS-REFERENCE NO:

COMMUNITY DIALYSIS OF MEDFORD
1005 E MAIN ST SUITE B
MEDFORD, OR 97501
INTERMEDIARY NO: 00380
PROVIDER NO: 382801

APPROVED AS: DIALYSIS FACILITY
STAFF ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 10
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 009
RENAL NETWORK: 02
CROSS-REFERENCE NO:

COMMUNITY DIALYSIS OF SALEM
420 MILL ST SE
SALEM, OR 97301
INTERMEDIARY NO: 00380
PROVIDER NO: 382802

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 10
DATE APPROVED: 083178
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 02
CROSS-REFERENCE NO:

MERCY REGIONAL DIALYSIS CTR
201 NW MEDICAL LOOP RD #100
ROSEBURG, OR 97470
INTERMEDIARY NO: 00380
PROVIDER NO: 382804

APPROVED AS: DIALYSIS FACILITY
STAFF ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NOAPROFIT

HCFA REGION: 10
DATE APPROVED: 090783
NUMBER OF DIALYSIS STATIONS: 005
RENAL NETWORK: 02
CROSS-REFERENCE NO:

EASTERN CASCADE DIALYSIS CENTER
369 N.E. REVENE AVE
BEND, OR 97701
INTERMEDIARY NO: 00380
PROVIDER NO: 3N3801

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 10
DATE APPROVED: 080683
NUMBER OF DIALYSIS STATIONS: 004
RENAL NETWORK: 02
CROSS-REFERENCE NO:

STATE=PENNSYLVANIA

1986 NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

GEISINGER MEDICAL CTR NORTH ACADEMY AVENUE DANVILLE, PA 17822 INTERMEDIARY NO: 00363 PROVIDER NO: 390006	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 032081 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392300
ST AGNES MEDICAL CENTER 1900 S BROAD ST PHILADELPHIA, PA 19145 INTERMEDIARY NO: 00362 PROVIDER NO: 390022	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 24 CROSS-REFERENCE NO. 392301
TEMPLE UNIVERSITY HOSP 3401 N BROAD ST PHILADELPHIA, PA 19140 INTERMEDIARY NO: 00362 PROVIDER NO: 390027	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: PERITONEAL TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392302
ST FRANCIS GENERAL HOSPITAL PENN AVE & 46TH STREET PITTSBURGH, PA 15201 INTERMEDIARY NO: 00363 PROVIDER NO: 390029	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 22 CROSS-REFERENCE NO. 392303
GOOD SAMARITAN HOSPITAL E NORWEGIAN & TREMONT STS POTTSVILLE, PA 17901 INTERMEDIARY NO: 00363 PROVIDER NO: 390031	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 010383 NUMBER OF DIALYSIS STATIONS: 003 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392348
YORK HOSPITAL 1001 SOUTH GEORGE ST YORK, PA 17405 INTERMEDIARY NO: 00363 PROVIDER NO: 390046	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392304
MEDICAL COLLEGE OF PA HOSP 3300 HENRY AVE PHILADELPHIA, PA 19129 INTERMEDIARY NO: 00362 PROVIDER NO: 390047	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 060782 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392344
LEWISTON HOSP HIGHLAND AVE LEWISTOWN, PA 17044 INTERMEDIARY NO: 00363 PROVIDER NO: 390048	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 102381 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392343
ST LUKES HOSPITAL OF BETHLEHEM 801 OSTRUM ST BETHLEHEM, PA 18015 INTERMEDIARY NO: 00363 PROVIDER NO: 390049	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 081679 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392340

STATE-PENNSYLVANIA CONTINUED

ALLEGHENY GENERAL HOSP 320 E NORTH AVE PITTSBURGH, PA 15212 INTERMEDIARY NO: 00RRR PROVIDER NO: RR0050	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 070177 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 22 CROSS-REFERENCE NO: 392808
HAHNEMANN UNIV HOSP 230 N BROAD ST PHILADELPHIA, PA 19102 INTERMEDIARY NO: 03RRO PROVIDER NO: RR0001	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 070177 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 24 CROSS-REFERENCE NO: RR2803
METROPOLITAN HOSP 201 NORTH EIGHTH ST PHILADELPHIA, PA 19106 INTERMEDIARY NO: 00RR2 PROVIDER NO: RR00AR	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 070177 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 24 CROSS-REFERENCE NO: RR2807
MERCY HOSPITAL OF JOHNSTOWN 1020 FRANKLIN ST JOHNSTOWN, PA 15905 INTERMEDIARY NO: 00RRR PROVIDER NO: RR00R0	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 101578 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 22 CROSS-REFERENCE NO: RR2808
NAMOT REGIONAL DIALYSIS CTR 201 STATE ST ERIE, PA 16512 INTERMEDIARY NO: 00RRR PROVIDER NO: RR00RR	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 22 CROSS-REFERENCE NO: 392309
WILKES-BARRE GENERAL HOSP R RIVER & AUDUBN BLD WILKES BARRE, PA 18764 INTERMEDIARY NO: 00RRR PROVIDER NO: RR00R4	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 070177 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392310
POLYCLINIC MEDICAL CENTER RRD ST POLYCLINIC AVE HARRISBURG, PA 17108 INTERMEDIARY NO: 00RRR PROVIDER NO: RR00R7	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 070177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392811
LANCASTER OSTEOPATHIC HOSP 1175 CLARK ST. LANCASTER, PA 17604 INTERMEDIARY NO: 03RRO PROVIDER NO: RR00R8	APPROVED AS: DIALYSIS CENTER STAFF ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 070177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 24 CROSS-REFERENCE NO: RR2812
ALTOONA HOSP HOWARD AVE & 7TH ST ALTOONA, PA 16601 INTERMEDIARY NO: 00RRR PROVIDER NO: RR0078	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 013 RENAL NETWORK: 22 CROSS-REFERENCE NO: 392813

FRANCIS V COSTELLO DIALYSIS CTR 1100 GRAMPIAN BLVD WILLIAMSPORT, PA 17701 INTERMEDIARY NO: 00363 PROVIDER NO: 390075	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392314
BRANDYWINE HOSPITAL 201 REECEVILLE RD CALN TOWNSHIP, PA 19320 INTERMEDIARY NO: 51390 PROVIDER NO: 390076	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 061183 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392345
ROBERT PACKER HOSP GUTHRIE SQUARE SAYRE, PA 18840 INTERMEDIARY NO: 00363 PROVIDER NO: 390079	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 040478 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 20 CROSS-REFERENCE NO: 392341
DELAWARE CO MEM HOSP LANSDOWNE HEYSTONE AVES OREXEL HILL, PA 19026 INTERMEDIARY NO: 51390 PROVIDER NO: 390081	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 010784 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392318
HARRISBURG HOSP SOUTH FRONT ST HARRISBURG, PA 17101 INTERMEDIARY NO: 00363 PROVIDER NO: 390098	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 100482 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392317
LANCASTER GENERAL HOSPITAL 566 N DUKE ST LANCASTER, PA 17604 INTERMEDIARY NO: 51390 PROVIDER NO: 390100	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392310
UNIVERSITY OF PENNSYLVANIA HOSP 34TH AND SPRUCE STREETS PHILADELPHIA, PA 19104 INTERMEDIARY NO: 51390 PROVIDER NO: 39011I	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: PENITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392319
MOSES TAYLOR HOSPITAL 700 QUINCY AVENUE SCRANTON, PA 18510 INTERMEDIARY NO: 00363 PROVIDER NO: 390119	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 036 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392320
VETERANS ADMIN MEDICAL CTR UNIVERSITY DR 'C' PITTSBURGH, PA 15240 INTERMEDIARY NO: 00080 PROVIDER NO: 39012F	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 013 RENAL NETWORK: 22 CROSS-REFERENCE NO: 392327

STATE-PENNSYLVANIA CONTINUED

THE ALLENTOWN HOSPITAL 17TH + CHEW STS ALLENTOWN, PA 18102 INTERMEDIARY NO: 00R58 PROVIDER NO: 390138	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 070177 NUMBER OF DIALYSIS STATIONS: 013 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392622
BRYN MAWR HOSPITAL BRYN MAWR AVE BRYN MAWR, PA 19010 INTERMEDIARY NO: 23350 PROVIDER NO: 390139	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 100277 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392628
ALBERT EINSTEIN MEDICAL CENTER YORK AND TABOR ROADS PHILADELPHIA, PA 19141 INTERMEDIARY NO: 00R55 PROVIDER NO: 390142	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392558
MERCY CATHOLIC MEDICAL CTR 54TH ST & CEDAR AVE PHILADELPHIA, PA 19143 INTERMEDIARY NO: 00S62 PROVIDER NO: RR0156	APPROVED AS: INPATIENT ONLY STAFF ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 070185 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392824
ST JOSEPHS HOSP 216 NORTH 12TH STREET READING, PA 19605 INTERMEDIARY NO: 00S81 PROVIDER NO: 390146	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 070177 NUMBER OF DIALYSIS STATIONS: 013 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392626
PRESBYTERIAN-UNIVERSITY HOSP DESOTO & O'HARA STREETS PITTSBURGH, PA 15213 INTERMEDIARY NO: 00S85 PROVIDER NO: 390154	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 050177 NUMBER OF DIALYSIS STATIONS: 028 RENAL NETWORK: 22 CROSS-REFERENCE NO: 392627
GRADUATE HOSPITAL 418 S 19TH ST PHILADELPHIA, PA 19146 INTERMEDIARY NO: 03SRD PROVIDER NO: 390170	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 070185 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392628
THOMAS JEFFERSON UNIV HOSP 11TH WALNUT ST PHILADELPHIA, PA 19107 INTERMEDIARY NO: 03SSO PROVIDER NO: 390174	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 050177 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392650
CROZER CHESTER MEDICAL CENTER 15TH ST UPLAND AVE UPLAND, PA 19013 INTERMEDIARY NO: 00S62 PROVIDER NO: 390180	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392651

HAZLETON STATE GENERAL HOSP E BROAD ST HAZLETON, PA 18201 INTERMEDIARY NO: 00363 PROVIDER NO: 390185	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 042380 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392342
LANKENAU HOSP LANCASTER WEST OF CITY LINE PHILADELPHIA, PA 19151 INTERMEDIARY NO: 51390 PROVIDER NO: 390195	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 111780 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392332
ABINGTON MEMORIAL HOSP 1200 YORK RD ABINGTON, PA 19001 INTERMEDIARY NO: 51390 PROVIDER NO: 390231	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392333
M. S. HERSHEY MEDICAL CENTER 500 UNIVERSITY DR HERSHEY, PA 17033 INTERMEDIARY NO: 51390 PROVIDER NO: 390255	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 121480 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 24 CROSS REFERENCE NO: 392N80
ST MARY'S HOSPITAL INC LANGHORNE-NEWTON RD LANGHORNE, PA 19047 INTERMEDIARY NO: 00362 PROVIDER NO: 390258	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 073178 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 24 CROSS-REFERENCE NO: 392339
CENTRE COM HOSP-MOUNTAINVIEW ORCHARD RD STATE COLLEGE, PA 16801 INTERMEDIARY NO: 00361 PROVIDER NO: 390258	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 070179 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 24 CROSS-REFERENCE NO: N92N37
BMA OF PHILADELPHIA INC 3225 ARCH STREET PHILADELPHIA, PA 19104 INTERMEDIARY NO: 51390 PROVIDER NO: 392501	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 030 RENAL NETWORK: 24 CROSS-REFERENCE NO:
SHADELAND DIALYSIS FACILITY 211 SHADELAND AVE LANDSDOWNE, PA 19050 INTERMEDIARY NO: 51390 PROVIDER NO: 392502	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 24 CROSS-REFERENCE NO:
BMA OF PITTSBURGH 4401 PENN AVE PITTSBURGH, PA 15224 INTERMEDIARY NO: 00363 PROVIDER NO: 392503	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 018 RENAL NETWORK: 22 CROSS-REFERENCE NO:

STATE-PERNSYLVARIA CONTINUED

NAVESFORD DIALYRIS UNIT 940 NAVESFORD $D ORY$ MAWR, PA 1ND1D INTERMEDIASY $O: BIRRD PROVIDES NO: RR2D04	APPROVED AS: DIALYRIR FACILITY RTAFF-ASRISTED RERVICES: HEMODIALYSIS RELF-CARE SERVICES: HEMODIALYRIS LRAIRIRD RERVICERI HEMODIALYRIR PERITOREAL CAPD TYPE OF OWNERRHIP: PROFIT	HCFA REDIO$: D$ DATE APP$OVED: D0D177 RUMBER OF DIALYSIS STATIO$S: D1R RERAL RETWO$K: 24 CROSS-SEFERE$CE RO:
BMA OF ALLESTOWR 2D1$ HAMILTOR ST. SUITE 2DW ALLESTOWR, PA 1WLD4 INTES$EDEARY $O: DDRRR P$OVIDES RO: 9R2DDB	APPROVED AS: DIALYSIS FACILITY STAFF ARRIRTED RERVICERI HEMODIALYSI$ PESITOREAL RELF-CARE RERVICER: HEMODIALYRIS LRAINI$D SERVICERI TYPE DF OWNERRHIP: P$OFIT	HCFA REDIO$: D$ DATE APP$OVED: D7D177 RUMBES OF DIALYSI$ STATIOR$: D22 SE$AL RETWO$K: 24 CROSS-SEFE$E$CE $O:
DEO-MEDICAL APPL OF AWIRDTOR IRC 12$1 OLD YO$K $OAD ARI$DTOR, PA 1$DDL IRTERMEDIARY RO: DI$RD P$OVIDES RU: RR2BDR	APPROVED AR: DIALYRIR FACILITY RTAFF-ARRI$TED $ERVICES: HEMODIALYSI$ RELF-CARE RERVICER: TRAINIRD SIRVICERI TYPE DF DWRIERRHIP: P$OFIT	HCFA $EDIO$: D$ DATE APPROVED: D$D177 RUMBER OF DIALYSI$ STA7IO$S: D20 RERAL RETWO$R: 24 C$OSS-SEFE$ERCE $O:
BMA OF CERTSAL PHILADELPHIA 2DD $OSTH 1$IH ST PHELADELPHIA, PA 1$1D7 IRTES$EDIARY $O: BIRRD PROVIDES RO: $R2DD7	APPSOVED AR: DIALYSIS FACILITY RTAFF-ARRIRTED RERVICES: HEMODIALYSI$ RELF-CARE RERVICERI LRAIRIRD SIRVICERI TYPE OF OWRERRHIP: PROFIT	HCFA $EDIO$: D$ DATE APPROVED: D0D177 RUMBES OF DIALYSI$ STATIO$S: D2$ RE$AL $ETWO$K: 24 CROSS-REFERERCE $O:
KIDSEY CI$ OF DELAWARE CO LTD 1D 6T ARD UPLARD AVE UPLA$D-CHESTES, PA 19D1$ 1$TERMEDIASY RO: DDRR2 PROVIDER $O: 9$2ADR	APPSOVED AR: DIALYSIS FACILITY RTAFF-ARSIRTED RERVICES: HEMODIALYSI$ PESITOREAL RELF-CARE SERVICES: TRAIRIRD RERVICES: HEMODIALYSI$ PESITOREAL TYPE OF OWNERRHIP: P$OFIT	HCFA REDIO$: D$ DATE APPROVED: D9D177 RUMBER OF DIALYSIS STATIORS: D26 SERAL $ETWO$K: 24 CROSS-REFERERCE $O:
OIO-MED APPL OF R PHILA IRC D9$$-$$ $ OROAD $T PHILADELPHIA, PA 1R14L 1$TERMEDIASY $O: DD$$2 PROVIDER RO: $$2DD$	APPSOVED AS: DIALYSIS FACILITY RTAFF ASSIRTED RERVICES: HEMODIALYSI$ PERITOREAL RELF-CA$I RERVICERI TRAIRIRD SERVICERI TYPE OF OWRERRHIP: PROFIT	HCFA REDIO$: D$ DATE APP$OVED: D$D177 $UMBER OF DIALYSIS STATIO$S: D2$ SERAL RETWORK: 24 C$OSS-REFERE$CE $O:
BMA OF METROPOLITAR PHILA IRC 2D1 R EIDRTH ST PHILADELPHIA, PA 1$IDR 1$TES$EDIARY RO: ODRR2 PROVIDES RO: $$2A1D	APPROVED AS: DIALYRIS FACILITY RTAFF-ARRI$IED RIRVICES: HEMODIALYSIS PESITOREAL SELF-CARE SERVICES: TRAIRIRD SIRVICES: HEMODIALYSIS PERITOREAL CAPD TYPE OF OWRI$RHIP: PROFIT	HCFA REDIOR: D$ DATE APP$OVED: D9D177 RUMBES OF DIALYSIS STATIO$S: D1R RERAL RETWO$R: 24 CROSS-EFEE$CE $O:
BMA OF BETHLEREM 1D86 WEST MASKET STREET BETHLEREM, PA 1RD1R IST$RMEDIARY $O: DD$$$ PROVIDER RO: 9$2D11	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SESVICES: HEMODIALYSIS PESITOREAL SELF-CARE SERVICES: HEMODIALYSIS TRAIRIRD RERVICIS: TYPE OF OWRI$$HIP: PROFIT	HCFA REDIO$: D$ DATE APP$OVED: D7D177 RUMBES OF DIALYSI$ STATIO$S: D1$ SE$AL KETWORK: 24 C$OSS-REFERE$CE $O:
BMA OF WILRES-DA$$E 5D-5D LI$DER ST WEST WILKES-BARRE, PA 187D2 IST$RMEDIARY $O: DD$R3 PROVIDER RO: $$2A12	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SESVICES: HEMODIALYSIS PESITOREAL SELF-CARE SESVICES: TSAIRIRD SERVICES: HEMODIALYSI$ PERITOREAL CAPD TYPE OF OWRE$SHIP: PROFIT	HCFA $EDIO$: D$ DATE APP$OVED: D$D177 RUMBER OF DIALYSIS STATIO$S: O2D RERAL RETWORK: 24 CROSS-REFERE$CE $O:

AIRPORT DIALYSIS FACILITY N535 UPLAND STREET PHILADELPHIA, PA 19142 INTERMEDIARY NO: 51390 PROVIDER NO: 392513	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 060177 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 24 CROSS-REFERENCE NO:
DIALYSIS CENTER OF MONTGOMERY POWELL AND WEST WOODS STS NORRISTOWN, PA 19401 INTERMEDIARY NO: 51390 PROVIDER NO: 392515	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 24 CROSS-REFERENCE NO:
NORGOROUGH DIALYSIS FACILITY 540 DREEN LANE PHILADELPHIA, PA 19128 INTERMEDIARY NO: 51390 PROVIDER NO: 392518	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 24 CROSS-REFERENCE NO:
GWA OF EASTON NTE 248 NORTHWOOD AVE NORTHAMPTON, PA 18042 INTERMEDIARY NO: 00363 PROVIDER NO: 392517	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 24 CROSS-REFERENCE NO:
GWA OF POTTSVILLE MEDICAL ARTS BLDG RTE 81 POTTSVILLE, PA 17901 INTERMEDIARY NO: 00363 PROVIDER NO: 392518	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 062877 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 24 CROSS-REFERENCE NO:
GWA OF SOUTHWESTERN PA INC 90 W CHESTNUT ST WASHINGTON, PA 15301 INTERMEDIARY NO: 00363 PROVIDER NO: 392519	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 080977 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 22 CROSS-REFERENCE NO:
GWA OF GREENSBURG 562 SHEARER ST GREENSBURG, PA 15601 INTERMEDIARY NO: 00363 PROVIDER NO: 392520	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 013179 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 22 CROSS-REFERENCE NO:
URIV OF PA OUTPATIENT DIALYSIS 133 S 36 ST PHILADELPHIA, PA 19104 INTERMEDIARY NO: 51390 PROVIDER NO: 392521	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 063078 NUMBER OF DIALYSIS STATIONS: 026 RENAL NETWORK: 24 CROSS-REFERENCE NO:
KIDNEY CTR OF CHESTER CO LTD 960 E LINCOLN HWY DOWNINGTOWN, PA 19335 INTERMEDIARY NO: 00362 PROVIDER NO: 392522	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 080579 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 24 CROSS-REFERENCE NO:

STATE-PENNSYLVANIA CONTINUED

COMMUNITY DIALYSIS SERVICES 886 W WASHINGTON ST BRADFORD, PA 16701 INTERMEDIARY NO: 00885 PROVIDER NO: 392A25	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 112179 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 22 CROSS-REFERENCE NO:
BMA OF HAZLETON EAST BROAD ST HAZLETON, PA 18201 INTERMEDIARY NO: 00885 PROVIDER NO: 392524	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 042380 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 24 CROSS-REFERENCE NO:
BMA OF BUTLER INC. 959 EAST BRADY ST EXT BUTLER, PA 16001 INTERMEDIARY NO: 00888 PROVIDER NO: 392A2A	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 053080 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 22 CROSS-REFERENCE NO:
COMMUNITY DIALYSIS SERVICE OF DUBOIS MAPLE AVENUE DU BOIS, PA 15801 INTERMEDIARY NO: 00868 PROVIDER NO: 392B2B	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 092480 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 24 CROSS-REFERENCE NO:
CHESTNUT HILL DIALYSIS CTR LTD 86 BETHLEHEM PIKE PHILADELPHIA, PA 19118 INTERMEDIARY NO: 81550 PROVIDER NO: 392A27	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 090880 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 24 CROSS-REFERENCE NO:
RENAL CARE OF ERIE INC 8924 OLD FRENCH RD P.O. BOX 10128 ERIE, PA 16514 INTERMEDIARY NO: 00888 PROVIDER NO: 392B2B	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 011281 NUMBER OF DIALYSIS STATIONS: 013 RENAL NETWORK: 22 CROSS-REFERENCE NO:
DIALYSIS CLINICS INC OF ALQUIPPA 2400 HOSPITAL DR ALQUIPPA, PA 15001 INTERMEDIARY NO: 00888 PROVIDER NO: 392B2B	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 022481 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 22 CROSS-REFERENCE NO:
TEMPLE UNIV OUT-PT DIALYSIS UNIT 3355 N BROAD ST PHILADELPHIA, PA 19140 INTERMEDIARY NO: 00882 PROVIDER NO: 392B5D	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 051181 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 24 CROSS-REFERENCE NO:
FRANKLIN DIALYSIS CTRS INC 700 SPRUCE ST PHILADELPHIA, PA 19107 INTERMEDIARY NO: 81590 PROVIDER NO: 392B61	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 090181 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 24 CROSS-REFERENCE NO:

STATE=PENNSYLVANIA CONTINUED

COMMUNITY DIALYSIS SVCS OF MCKEESPORT 600 HOSPITAL WAY MCKEESPORT, PA 16132 INTERMEDIARY NO: 00363 PROVIDER NO: 392632	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 112681 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 22 CROSS-REFERENCE NO:
BMA OF N E PHILADELPHIA 7143 FRANKFORD AVE PHILADELPHIA, PA 19136 INTERMEDIARY NO: 00362 PROVIDER NO: 392633	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 121481 NUMBER OF DIALYSIS STATIONS: 025 RENAL NETWORK: 24 CROSS-REFERENCE NO:
DIALYSIS CORP OF HARRISBURG INC 27 MILLER ST SUITE 120 LEMOYNE, PA 17043 INTERMEDIARY NO: 00363 PROVIDER NO: 392634	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 100482 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 24 CROSS-REFERENCE NO:
DIALYSIS CLINIC INC 702 FOURTH AVE NEW KENSINGTON, PA 16068 INTERMEDIARY NO: 00363 PROVIDER NO: 392635	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: SOSPROFIT	HCFA REGION: ON DATE APPROVED: 122082 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 22 CROSS-REFERENCE NO:
COMMUNITY DIALYSIS SERVICES 64TH & CEDAR AVE PHILADELPHIA, PA 19143 INTERMEDIARY NO: 00362 PROVIDER NO: 392636	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 070185 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 24 CROSS-REFERENCE NO:
COMMUNITY DIALYSIS SERVICES 122 PARK AVE PLAZA MEADVILLE, PA 16366 INTERMEDIARY NO: 00363 PROVIDER NO: 392637	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 051285 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 22 CROSS-REFERENCE NO:
GRADUATE MEDICAL ASSOCIATES INC 19TH & LOMBARD STS 8701 PHILADELPHIA, PA 19146 INTERMEDIARY NO: 61390 PROVIDER NO: 392638	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NOSPROFIT	HCFA REGION: 03 DATE APPROVED: 070185 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 24 CROSS-REFERENCE NO:
MAIN LINE DIALYSIS SERVICES LTD CITY LINE & LANCASTER AVES PHILADELPHIA, PA 19161 INTERMEDIARY NO: 61390 PROVIDER NO: 392639	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: ON DATE APPROVED: 111788 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 24 CROSS-REFERENCE NO:
BMA OF FAIRMOUNT INC 2301 PENNSYLVANIA AVE PHILADELPHIA, PA 19130 INTERMEDIARY NO: 61390 PROVIDER NO: 392640	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 042884 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 24 CROSS-REFERENCE NO:

STATE-PENNSYLVANIA CONTINUED

RENAL CARE OF OIL CITY INC
100 E KIRKELL AVE
OIL CITY, PA 16301
INTERMEDIARY NO: 00588
PROVIDER NO: 39E041

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 03
DATE APPROVED: 081284
NUMBER OF DIALYSIS STATIONS: 006
RENAL NETWORK: 22
CROSS-REFERENCE NO:

SNA C/O WESTERN PA HOSPITAL
4800 FRIENDSHIP AVE
PITTSBURGH, PA 15224
INTERMEDIARY NO: 00588
PROVIDER NO: 392042

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 03
DATE APPROVED: 050184
NUMBER OF DIALYSIS STATIONS: 017
RENAL NETWORK: 22
CROSS-REFERENCE NO:

COMMUNITY DIALYSIS SVCS OF ERIE
1380 WEST 26TH ST
ERIE, PA 16502
INTERMEDIARY NO: 00588
PROVIDER NO: 392844

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 03
DATE APPROVED: 071184
NUMBER OF DIALYSIS STATIONS: 016
RENAL NETWORK: 22
CROSS-REFERENCE NO:

DNA OF SOUTH HILLS INC
7RR CASTLE SHANNON BLVD
PITTSBURGH, PA 15234
INTERMEDIARY NO: 00588
PROVIDER NO: 392844

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 03
DATE APPROVED: 081284
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 22
CROSS-REFERENCE NO:

PA DIALYSIS CLINIC OF SHARON INC
550 E STATE RT
SHARON, PA 16146
INTERMEDIARY NO: 00883
PROVIDER NO: 392844

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 03
DATE APPROVED: 081686
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 22
CROSS-REFERENCE NO:

ST CHRISTOPHERS HOSP FOR CHILDREN
2600 NORTH LAWRENCE ST
PHILADELPHIA, PA 19133
INTERMEDIARY NO: 00382
PROVIDER NO: 395301

APPROVED AS: TRANSPLANT/DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 03
DATE APPROVED: 070184
NUMBER OF DIALYSIS STATIONS: 006
RENAL NETWORK: 24
CROSS-REFERENCE NO: 392336

STATE=PUERTO RICO

1986 NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

SAN JUAN MUR HOSP BOX S-3342 OLD SAN JUAN, PR 00904 INTERMEDIARY NO: 57400 PROVIDER NO: 400015	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 2N CROSS-REFERENCE NO: 402300
AUXILIO MUTUO HOSP PONCE DE LEON AVENUE HATO REY, PR 00919 INTERMEDIARY NO: 57400 PROVIDER NO: 400016	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 040483 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 2N CROSS-REFERENCE NO: 402301
HOSPITAL DELA CONCEPCION 41 LUNA STREET SAN GERMAN, PR 00753 INTERMEDIARY NO: 57400 PROVIDER NO: 400021	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 080283 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 2N CROSS-REFERENCE NO: 402308
SANTO ASILO DE DAMAS HOSP PONCE BY PASS PONCE, PR 00731 INTERMEDIARY NO: 57400 PROVIDER NO: 400022	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 2N CROSS-REFERENCE NO: 402302
VA HOSP BARRIO MORACILLOS RIO PIEDRAS, PR 00936 INTERMEDIARY NO: 00080 PROVIDER NO: 40003F	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 2N CROSS-REFERENCE NO: 402303
PONCE DIST HOSP 80 MACHUELO PONCE, PR 00731 INTERMEDIARY NO: 57400 PROVIDER NO: 400044	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 2N CROSS-REFERENCE NO: 402304
UNIVERSITY DIST HOSP BARRIO MORACILLOS RIO PIEDRAS, PR 00935 INTERMEDIARY NO: 57400 PROVIDER NO: 400061	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 013 RENAL NETWORK: 2O CROSS-REFERENCE NO: 402305
MAYAQUEZ MED CTR P O BOX 1868 MAYAQUEZ, PR 00708 INTERMEDIARY NO: 99990 PROVIDER NO: 400103	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 2N CROSS-REFERENCE NO: 402306
HOSPITAL REGIONAL DE CAGUS APARTDO 5729 CAGUS, PR 00626 INTERMEDIARY NO: 57400 PROVIDER NO: 400104	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 02 DATE APPROVED: 061882 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 2N CROSS-REFERENCE NO: 402307

ISRS NATIONAL LISTING OF PROVIDERS FURNISHING DIRECT DIALYSIS AND TRANSPLANT SERVICES

STATE-PUERTO RICO CONTINUED

BIOMEDICAL APPLICATIONS OF SAN JUAN 200 CUARTE ST HATO REY, PR 00917 INTERMEDIARY NO: 57400 PROVIDER NO: 402001	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 02 DATE APPROVED: 050177 NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 2S CROSS-REFERENCE NO:
BIO-MEDICAL APPL OF PONCE INC ESTRELL 550 PO BOX 1550 PONCE, PR 00731 INTERMEDIARY NO: 57400 PROVIDER NO: 402007	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 021 RENAL NETWORK: 29 CROSS-REFERENCE NO:
BIOMEDICAL APPLICATIONS OF MAYAGUEZ CARR 62 KM 1087 MAYAGUEZ, PR 00705 INTERMEDIARY NO: 57400 PROVIDER NO: 402005	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 02 DATE APPROVED: 020177 NUMBER OF DIALYSIS STATIONS: 015 RENAL NETWORK: 2S CROSS-REFERENCE NO:
DNA OF BAYAMON-P.N. TORRES BLDG RT 2 KM.2 BAYAMON, PR 00619 INTERMEDIARY NO: 57400 PROVIDER NO: 402004	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 02 DATE APPROVED: 061279 NUMBER OF DIALYSIS STATIONS: 021 RENAL NETWORK: 29 CROSS-REFERENCE NO:
DNA OF CAGUAS P.O. BOX 5505 CAGUAS, PR 00626 INTERMEDIARY NO: 57400 PROVIDER NO: 402004	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 02 DATE APPROVED: 051882 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 29 CROSS-REFERENCE NO:
DNA OF SAN GERMAN 41 LUNA STREET SAN GERMAN, PR 00753 INTERMEDIARY NO: 57400 PROVIDER NO: 402005	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 02 DATE APPROVED: 090283 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 29 CROSS-REFERENCE NO:
BIOMEDICAL APPLICATIONS OF CAROLINA PLAZA CAROLINA MALL STORE 235 CAROLINA, PR 00630 INTERMEDIARY NO: 57400 PROVIDER NO: 402A07	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 02 DATE APPROVED: 050384 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 29 CROSS-REFERENCE NO:

STATE=RHODE ISLAND

IRSS RATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

RHODE ISLAND HOSPITAL 55 EDDY ST PROVIDENCE, RI 02902 INTERMEDIARY NO: 00370 PROVIDER NO: 410007	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 2B CROSS-REFERENCE NO: 412N00
MIRIAM HOSPITAL 164 SUMMIT AVE PROVIDENCE, RI 02906 INTERMEDIARY NO: 00370 PROVIDER NO: 410012	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 2B CROSS-REFERENCE NO: 412N01
ARTIFICIAL KIDNEY CTR OF RHODE ISLAND 324 WATERMAN AVE EAST PROVIDENCE, RI 02914 INTERMEDIARY NO: 00370 PROVIDER NO: 412500	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 01 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 050 RENAL NETWORK: 2B CROSS-REFERENCE NO:
RHODE ISLAND RENAL INSTITUTE INC 2735 POST RD WARWICK, RI 02886 INTERMEDIARY NO: 00370 PROVIDER NO: 412501	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 01 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 017 RENAL NETWORK: 2B CROSS-REFERENCE NO:
RHODE ISLAND RENAL INSTITUTE ONE WEST DRIVE WESTERLY, RI 02891 INTERMEDIARY NO: 00370 PROVIDER NO: 412502	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 01 DATE APPROVED: 111180 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 2B CROSS-REFERENCE NO:

STATE=SOUTH CAROLINA

1988 NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

MUSC HEMO A TRANSPLANT PROGRAM
171 ASHLEY AVE
CHARLESTON, SC 29425
INTERMEDIARY NO: 00580
PROVIDER NO: 420004

APPROVED AS: TRANSPLANT/DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 04
DATE APPROVED: 0901T6
NUMBER OF DIALYSIS STATIONS: 012
RENAL NETWORK: 20
CROSS-REFERENCE NO: 422300

RICHLAND MEMORIAL HOSP-
3501 HARDEE ST EXT
COLUMBIA, SC 29202
INTERMEDIARY NO: 00580
PROVIDER NO: 420018

APPROVED AS: INPATIENT ONLY
STAFF ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 04
DATE APPROVED: 0901T6
NUMBER OF DIALYSIS STATIONS: 000
RENAL NETWORK: 20
CROSS-REFERENCE NO: 422302

ST FRANCIS COMMUNITY HOSP-
1 ST FRANCIS DR
GREENVILLE, SC 29601
INTERMEDIARY NO: 00580
PROVIDER NO: 420029

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 04
DATE APPROVED: 0901T6
NUMBER OF DIALYSIS STATIONS: 025
RENAL NETWORK: 20
CROSS-REFERENCE NO: 422303

DIALYSIS CLINIC INC
282 MEETING ST
CHARLESTON, SC 29401
INTERMEDIARY NO: 00580
PROVIDER NO: 422002

APPROVED AS: DIALYSIS FACILITY
STAFF ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 04
DATE APPROVED: 0901T6
NUMBER OF DIALYSIS STATIONS: 020
RENAL NETWORK: 20
CROSS-REFERENCE NO:

BIO MED APPLICATIONS OF GREENVILLE INC
1009 GROVE RD SUITE C 1
GREENVILLE, SC 29605
INTERMEDIARY NO: 00550
PROVIDER NO: 422005

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 0901T6
NUMBER OF DIALYSIS STATIONS: 019
RENAL NETWORK: 20
CROSS-REFERENCE NO:

DMA OF COLUMBIA
3521 MEDICAL PARK ROAD
COLUMBIA, SC 29205
INTERMEDIARY NO: 00550
PROVIDER NO: 422004

APPROVED AS: DIALYSIS FACILITY
STAFF ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 0901T6
NUMBER OF DIALYSIS STATIONS: 028
RENAL NETWORK: 20
CROSS-REFERENCE NO:

FLORENCE DIALYSIS CLINIC
297 SOUTH WARLEY STREET
FLORENCE, SC 29501
INTERMEDIARY NO: 00350
PROVIDER NO: 422008

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 0901T6
NUMBER OF DIALYSIS STATIONS: 028
RENAL NETWORK: 20
CROSS-REFERENCE NO:

ANDERSON DIALYSIS CLINIC INC
416 E CALHOUN ST
ANDERSON, SC 29621
INTERMEDIARY NO: 00350
PROVIDER NO: 422006

APPROVED AS: DIALYSIS FACILITY
STAFF ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 0901T6
NUMBER OF DIALYSIS STATIONS: 016
RENAL NETWORK: 20
CROSS-REFERENCE NO:

MYRTLE BEACH DIALYSIS CENTER
7800 KINGS HIGHWAY
MYRTLE BEACH, SC 29577
INTERMEDIARY NO: 00380
PROVIDER NO: 422007

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 0813T9
NUMBER OF DIALYSIS STATIONS: 012
RENAL NETWORK: 20
CROSS-REFERENCE NO:

STATE=SOUTH CAROLINA CONTINUED

COMMUNITY DIALYSIS SERVICE 920 HOLLY ST ORANGEBURG, SC 29115 INTERMEDIARY NO: 00380 PROVIDER NO: 422508	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 120879 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 20 CROSS-REFERENCE NO:
BMA OF CAMDEN INC 1111 BROAD ST CAMDEN, SC 29020 INTERMEDIARY NO: 00380 PROVIDER NO: 422509	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 050180 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 20 CROSS-REFERENCE NO:
SUMTER DIALYSIS CENTER 214 HAMPTON ST SUMTER, SC 29150 INTERMEDIARY NO: 00380 PROVIDER NO: 422510	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 060180 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 20 CROSS-REFERENCE NO:
DIALYSIS CLINICS INC. 203 FREEMONT AVE SPARTANBURG, SC 29303 INTERMEDIARY NO: 00380 PROVIDER NO: 422511	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 072150 NUMBER OF DIALYSIS STATIONS: 027 RENAL NETWORK: 20 CROSS REFERENCE NO.
SPOONER DIALYSIS CENTER 681 SILVER BLUFF RD, SUITE C AIKEN, SC 29801 INTERMEDIARY NO: 00380 PROVIDER NO: 422512	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 070780 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 20 CROSS-REFERENCE NO:
DCI-WEST OF THE ASHLEY 46A MARKFIELD RD CHARLESTON, SC 29407 INTERMEDIARY NO: 00380 PROVIDER NO: 422513	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 112250 NUMBER OF DIALYSIS STATIONS: 023 RENAL NETWORK: 20 CROSS-REFERENCE NO:
LOW COUNTRY DIALYSIS FACILITY 215 S RIBAUT RD BEAUFORT, SC 29902 INTERMEDIARY NO: 00380 PROVIDER NO: 422514	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 012881 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 20 CROSS-REFERENCE NO:
GREENWOOD DIALYSIS FACILITY 1020 SPRING STREET GREENWOOD, SC 29646 INTERMEDIARY NO: 00380 PROVIDER NO: 422515	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 062861 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 20 CROSS-REFERENCE NO:
TRIDENT KIDNEY CENTER 9305 MEDICAL PLAZA DR CHARLESTON HEIGHTS, SC 29405 INTERMEDIARY NO: 00380 PROVIDER NO: 422516	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 111682 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 20 CROSS-REFERENCE NO:

STATE-SOUTH CAROLINA CONTINUED

AMA OF LEXINGTON INC
110 B LEXINGTON MEDICAL MALL
WEST COLUMBIA, SC 29169
INTERMEDIARY NO: 00880
PROVIDER NO: 422617

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 010783
NUMBER OF DIALYSIS STATIONS: 009
RENAL NETWORK: 20
CROSS-REFERENCE NO:

AMA OF CHESTER
PEOPLES PLAZA,CENTRIAN SQUARE
CHESTER, SC 29706
INTERMEDIARY NO: 00880
PROVIDER NO: 422618

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 062888
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 20
CROSS-REFERENCE NO:

AMA OF GEORGETOWN
722 N. PEARLS
GEORGETOWN, SC 29440
INTERMEDIARY NO: 00880
PROVIDER NO: 422818

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 062683
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 20
CROSS-REFERENCE NO:

BENNETTSVILLE DIALYSIS CTR
501 EAST MAIN ST
BENNETTSVILLE, SC 29512
INTERMEDIARY NO: 00880
PROVIDER NO: 422820

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 091683
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 20
CROSS-REFERENCE NO:

STATE=SOUTH DAKOTA

MEMORIAL MEDICAL CENTER 420 FOURTH STREET N E WATERTOWN, SD 57201 INTERMEDIARY NO: 00141 PROVIDER NO: 430001	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 071477 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 07 CROSS-REFERENCE NO: 432300
HURON REGIONAL MEDICAL CENTER 4TH & IOWA SE STS HURON, SD 57350 INTERMEDIARY NO: 00141 PROVIDER NO: 430011	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 081077 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 07 CROSS-REFERENCE NO: 432301
ST LUKES HOSP (ESRD) 305 S STATE ST ABERDEEN, SD 57401 INTERMEDIARY NO: 00141 PROVIDER NO: 430014	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 071477 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 07 CROSS-REFERENCE NO: 432302
ST MARYS HOSP 803 EAST DAKOTA AVE PIERRE, SD 57501 INTERMEDIARY NO: 00141 PROVIDER NO: 430015	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 101080 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 07 CROSS-REFERENCE NO: 430515
SIOUX VALLEY HOSPITAL (ESRD) 1100 SOUTH EUCLID AVE SIOUX FALLS, SD 57105 INTERMEDIARY NO: 00141 PROVIDER NO: 430027	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 060877 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 07 CROSS-REFERENCE NO: 432303
RAPID CITY REGIONAL HOSP 663 FAIRMONT BLVD-BOX 5000 RAPID CITY, SD 57709 INTERMEDIARY NO: 00141 PROVIDER NO: 430077	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 071077 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 07 CROSS-REFERENCE NO: 432304

STATE-TENNESSEE

UNIVERSITY OF TENNESSEE 1924 ALCOA HIGHWAY KNOXVILLE, TN 37920 INTERMEDIARY NO: 00590 PROVIDER NO: 440018	APPROVED AS: TRANSPLANT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 123184 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 16 CROSS-REFERENCE NO: 4423D9
RHEA CO MEDICAL CENTER HIGHWAY 27 NORTH DAYTON, TN 37321 INTERMEDIARY NO: 00390 PROVIDER NO: 440023	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 16 CROSS-REFERENCE NO: 4423DD
VANDERBILT UNIV HOSP- 1161 21ST AVE NORTH NASHVILLE, TN 37232 INTERMEDIARY NO: 00330 PROVIDER NO: 440039	APPROVED AS: TRANSPLANT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 093084 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 16 CROSS-REFERENCE NO: 442301
BAPTIST MEM HOSP 1020 CHOWP BOULEVARD MEMPHIS, TN 38104 INTERMEDIARY NO: 00390 PROVIDER NO: 440040	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 039 RENAL NETWORK: 16 CROSS-REFERENCE NO: 4423D2
METHODIST HOSP 1265 UNION AVE MEMPHIS TN, TN 38104 INTERMEDIARY NO: 00330 PROVIDER NO: 440049	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 080180 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 16 CROSS-REFERENCE NO: 4423D8
ERLANDER MEDICAL CENTER 261 WHITE ST CHATTANOOGA, TN 37403 INTERMEDIARY NO: 00390 PROVIDER NO: 440104	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090175 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 16 CROSS-REFERENCE NO: 4423D4
UNIVERSITY OF TN MEDICAL CTR 956 COURT MEMPHIS, TN 38163 INTERMEDIARY NO: 00330 PROVIDER NO: 440133	APPROVED AS: TRANSPLANT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 081880 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 16 CROSS-REFERENCE NO: 4423D6
LE BONHEUR CHILDRENS HOSP 848 ADAMS AVE MEMPHIS, TN 38103 INTERMEDIARY NO: 00390 PROVIDER NO: 440179	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: PERITONEAL TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 051884 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 16 CROSS-REFERENCE NO: 4423D7
EAST TN DIALYSIS CENTER 107 WOODLAWN DRIVE JOHNSON CITY, TN 37604 INTERMEDIARY NO: 00390 PROVIDER NO: 442801	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 090176 NUMBER OF DIALYSIS STATIONS: 015 RENAL NETWORK: 16 CROSS-REFERENCE NO:

STATE=TENNESSEE CONTINUED

DIALYSIS CLINIC INC 1600 HAYES STREET NASHVILLE, TN 37203 INTERMEDIARY NO: 00390 PROVIDER NO: 442502	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 0N017N NUMBER OF DIALYSIS STATIONS: 058 RENAL NETWORK: 1N CROSS-REFERENCE NO:
DIALYSIS CLINIC INC 3731 MARTIN MILL PIKE KNOXVILLE, TN 37920 INTERMEDIARY NO: 00390 PROVIDER NO: 442503	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 060178 NUMBER OF DIALYSIS STATIONS: 026 RENAL NETWORK: IS CROSS-REFERENCE NO:
DIALYSIS CLINIC INC 81 SANDSTONE CIRCLE JACKSON, TN 38301 INTERMEDIARY NO: 00390 PROVIDER NO: 442504	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 0N017N NUMBER OF DIALYSIS STATIONS: 026 RENAL NETWORK: 16 CROSS-REFERENCE NU:
DIALYSIS CLINIC 526 MCCALLIE AVE. CHATTANOOGA, TN 37403 INTERMEDIARY NO: 00390 PROVIDER NO: 442505	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 0N017N NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 16 CROSS-REFERENCE NO:
DIALYSIS CLINIC INC 605 WEST DUE WEST AVE MADISON, TN 37115 INTERMEDIARY NO: 00390 PROVIDER NO: 442507	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 090175 NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 16 CROSS-REFERENCE NO:
FORT SANDERS KIDNEY CENTER INC. 2001 LAUREL AVE SUITE 203 KNOXVILLE, TN 37916 INTERMEDIARY NO: 00390 PROVIDER NO: 442508	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 0N2578 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 16 CROSS-REFERENCE NO:
MIDDLE TN ARTIFICIAL KIDNEY CTR 1008-18TH AVE. NORTH NASHVILLE, TN 37208 INTERMEDIARY NO: 00392 PROVIDER NO: 442509	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 070175 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: IS CROSS-REFERENCE NO:
DIALYSIS CENTER OF MIDDLE TN 41A DECHERD PLAZA DECHERD, TN 37324 INTERMEDIARY NO: 00390 PROVIDER NO: 442510	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 052178 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 16 CROSS-REFERENCE NO:
DIALYSIS AFFILIATES OF COOKEVILLE 140 W. 7TH STREET #2 COOKEVILLE, TN 38501 INTERMEDIARY NO: 00390 PROVIDER NO: 442511	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 111375 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: IS CROSS-REFERENCE NO:

STATE-TENNESSEE CONTINUED

KINGSPORT DIALYSIS CENTER
2012 JOHN B DENNIS BYPASS
KINGSPORT, TN 37660
INTERMEDIARY NO: 00000
PROVIDER NO: 442012

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 020180
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 10
CROSS-REFERENCE NO:

DIALYSIS CLINIC OF OAK RIDGE
880 OAK RIDGE TNPK,PHYSICIANS PL
OAK RIDGE, TN 37830
INTERMEDIARY NO: 00000
PROVIDER NO: 442010

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONIAL CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 071580
NUMBER OF DIALYSIS STATIONS: 013
RENAL NETWORK: 10
CROSS-REFERENCE NO:

DIALYSIS CLINIC INC
RID4 R BACK SMITH RD
E RIDGE, TN 37412
INTERMEDIARY NO: 00000
PROVIDER NO: 442014

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 04
DATE APPROVED: 100180
NUMBER OF DIALYSIS STATIONS: 024
RENAL NETWORK: 10
CROSS-REFERENCE NO:

PORTLAND DIALYSIS CLINIC
HIGHLAND MED CTR ROUTE 4
PORTLAND, TN 37148
INTERMEDIARY NO: 00000
PROVIDER NO: 442015

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 060281
NUMBER OF DIALYSIS STATIONS: 004
RENAL NETWORK: 10
CROSS-REFERENCE NO:

MORRISTOWN DIALYSIS CENTER
634 W FOURTH NORTH ST
MORRISTOWN, TN 37814
INTERMEDIARY NO: 00000
PROVIDER NO: 442017

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 04
DATE APPROVED: 080581
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 10
CROSS-REFERENCE NO:

CUMBERLAND DIALYSIS CENTER INC
1600 HAYNES ST
CLARKSVILLE, TN 37040
INTERMEDIARY NO: 00000
PROVIDER NO: 442018

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 080381
NUMBER OF DIALYSIS STATIONS: 009
RENAL NETWORK: 10
CROSS-REFERENCE NO:

BRISTOL DIALYSIS CENTER
200 MEMORIAL DRIVE DOCTORS BLDG
BRISTOL, TN 37620
INTERMEDIARY NO: 00000
PROVIDER NO: 442019

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 091481
NUMBER OF DIALYSIS STATIONS: 005
RENAL NETWORK: 10
CROSS-REFERENCE NO:

MIDDLE TENN ARTIFICIAL KIDNEY
1700 GROVE STREET
COLUMBIA, TN 38401
INTERMEDIARY NO: 00000
PROVIDER NO: 442020

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 091481
NUMBER OF DIALYSIS STATIONS: 005
RENAL NETWORK: 10
CROSS-REFERENCE NO:

CLEVELAND DIALYSIS FACILITY INC
2850 NORTH OCOEE STREET
CLEVELAND, TN 37311
INTERMEDIARY NO: 00000
PROVIDER NO: 442021

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 04
DATE APPROVED: 120281
NUMBER OF DIALYSIS STATIONS: 008
RENAL NETWORK: 10
CROSS-REFERENCE NO:

STATE=TENNESSEE CONTINUED

GREENVILLE DIALYSIS CENTER 1134 TUSCULUM BLVD GREENVILLE, TN 37743 INTERMEDIARY NO: 00390 PROVIDER NO: 442622	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 871282 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 16 CROSS-REFERENCE NO:
UNIVERSITY PHYSICIANS DIALYSIS CTR 66 N PAULINE SUITE 233 MEMPHIS, TN 38105 INTERMEDIARY NO: 00390 PROVIDER NO: 442623	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 110183 NUMBER OF DIALYSIS STATIONS: 033 RENAL NETWORK: 16 CROSS-REFERENCE NO:
EAST MEMPHIS KIDNEY CLINIC INC. 6005 PARK, SUITE 127B MEMPHIS, TN 38119 INTERMEDIARY NO: 00390 PROVIDER NO: 442624	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 020984 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 16 CROSS-REFERENCE NO:
KNOXVILLE DIALYSIS CENTER 10001 KINGSTON PIKE KNOXVILLE, TN 37992 INTERMEDIARY NO: 00390 PROVIDER NO: 442625	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 022884 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 16 CROSS-REFERENCE NO:
CENTER FOR KIDNEY DISEASE-FRANKLIN 1336 CARTERS CREEK PIKE FRANKLIN, TN 37064 INTERMEDIARY NO: 00390 PROVIDER NO: 442626	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 071684 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 16 CROSS-REFERENCE NO:
NORTH KNOXVILLE DIALYSIS CTR INC 4440 WALKER BLVD-P.O. BOX 5631 KNOXVILLE, TN 37928 INTERMEDIARY NO: 00390 PROVIDER NO: 442627	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 101084 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 16 CROSS-REFRENCE NO:
DIALYSIS CLINIC INC 1024 N HIGHLAND AVE MURFREESBORO, TN 37130 INTERMEDIARY NO: 00390 PROVIDER NO: 442628	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 110784 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 16 CROSS-REFERENCE NO:
CENTER FOR KIDNEY DISEASES 301 E HIGH ST LEBANON , TN 37087 INTERMEDIARY NO: 00390 PROVIDER NO: 442629	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 04 DATE APPROVED: 041685 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 16 CROSS-REFERENCE NO:
EAST KNOXVILLE DIALYSIS CENTER 2717 MAGNOLIA AVE KNOXVILLE, TN 37917 INTERMEDIARY NO: 00390 PROVIDER NO: 442630	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 042585 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 16 CROSS-REFERENCE NO:

1988 NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

TATE-TENNESSEE CONTINUED

DIALYSIS CLINIC INC 1720 HWY 411 N MARYVILLE, TN 37801 INTERMEDIARY NO: 00340 PROVIDER NO: 442881	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 050685 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 10 CROSS-REFERENCE NO:
DIALYSIS CLINIC INC 218 NORTH 14TH ST HUMBOLDT, TN 38343 INTERMEDIARY NO: 00340 PROVIDER NO: 442882	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 04 DATE APPROVED: 070185 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 10 CROSS-REFERENCE NO:

STATE=TEXAS

HOTEL DIEU HOSPITAL MEDICAL CENTER 1014 N STANTON ST EL PASO, TX 79902 INTERMEDIARY NO: 00400 PROVIDER NO: 450013	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 083117 NUMBER OF DIALYSIS STATIONS: 040 RENAL NETWORK: 11 CROSS-REFERENCE NO: 452300
PARKLAND MEMORIAL HOSPITAL 5201 HARRY HINES BLVD. DALLAS, TX 75235 INTERMEDIARY NO: 00400 PROVIDER NO: 450015	APPROVED AS: TRANSPLANT ONLY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 093084 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 11 CROSS-REFERENCE NO: 452301
UNIVERSITY OF TEXAS-MEDICAL BRANCH 4200 OLD JOHN SEALY E-62 GALVESTON, TX 77550 INTERMEDIARY NO: 00400 PROVIDER NO: 450018	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 019 RENAL NETWORK: 11 CROSS-REFERENCE NO: 452303
BAYLOR UNIVERSITY MEDICAL CENTER 3600 GASTON AVE DALLAS, TX 75246 INTERMEDIARY NO: 00400 PROVIDER NO: 450021	APPROVED AS: TRANSPLANT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 052785 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 11 CROSS-REFERENCE NO: 452347
GOOD SHEPHERD MEDICAL CENTER 621 N 5TH ST LONGVIEW, TX 75601 INTERMEDIARY NO: 00400 PROVIDER NO: 450037	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 11 CROSS-REFERENCE NO: 452306
ST PAULS HOSP 5909 HARRY HINES BLVD DALLAS, TX 75235 INTERMEDIARY NO: 00400 PROVIDER NO: 450044	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 11 CROSS-REFERENCE NO: 452307
METHODIST MEDICAL CENTER(ESRD) 301 W COLORADO BLVD DALLAS, TX 75208 INTERMEDIARY NO: 00400 PROVIDER NO: 450051	APPROVED AS: TRANSPLANT ONLY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 093084 NUMBER OF DIALYSIS STATIONS: 002 RENAL NETWORK: 11 CROSS-REFERENCE NO: 452308
HERMANN HOSP 1203 ROSS STERLING AVE HOUSTON, TX 77025 INTERMEDIARY NO: 00400 PROVIDER NO: 450068	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 040177 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 11 CROSS-REFERENCE NO: 452309
ST MARY HOSPITAL OF PT ARTHUR 3600 GATES BLVD. PORT ARTHUR, TX 77640 INTERMEDIARY NO: 00400 PROVIDER NO: 450096	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 053177 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 11 CROSS-REFERENCE NO: 452312

STATE-TEXAN CONTINUED

PITTNBUNO MEDICAL CENTEN ENNO
414 QUITMAN
PITTSNURO, TX 75NGN
INTINMEDIANY NO: 00400
PNOVIOEN NO: 450ONB

APPNOVED AN: DIALYNIN CINTEN
NTAFF-ANNINTED NENVICEN: HEMODIALYSIN
NELF-CANE NENVICEN:
TNAINING NENVICEN:
TYPE OF OWNENNHIP: NONPNOFIT

NCFA NEOION: 06
DATE APPNOVED: 010879
NUMBER OF DIALYSIS STATIONS: 005
NENAL NETWONK: 11
CNONS-NEFENENCE NO: 452342

BNACKENNIDOE HOSP
16TH N EAST AVE
AUSTIN, TX 7N705
INTERMEDIANY NO: 00400
PNOVIOEN NO: 450124

APPNOVID AN: TNANSPLANT ONLY
NTAFF ANNINTED NENVICEN:
NELF-CANE NENVICEN:
TNAINING NENVICEN:
TYPE OI OWNENNHIP: NONPNOFIT

NCFA NEOION: 06
DATE APPNOVED: 083177
NUMBER OF DIALYSIS STATIONS: 000
NENAL NETWONK: 11
CNOSS-NEFENENCE NO: 452313

MEDICAL CENTEN HONP (ENNO)
416 NONTH ALLEGHANEY
OOESSA, TX 7N7NI
INTINMEDIANY NO: 00400
PNOVIOEN NO: 450IN2

APPNOVID AN: DIALYNIN CENTEN
NTAFF-ANSINTED NENVICEN: HEMODIALYNIN
NELF-CANE NENVICEN:
TNAINING NENVICEN: CAPD
TYPE OI OWNENNHIP: NONPNOFIT

NCFA NEOION: 06
DATE APPNOVED: 083177
NUMBER OF DIALYSIS STATIONS: 003
NENAL NETWONK: 11
CNOSS-NEFENENCE NO: 452314

HANNIN HONP-METHODINT
1N00 W CANNON
FT WONTH, TX 7NI04
INTERMEDIANY NO: 00400
PNOVIOEN NO: 450IN6

APPNOVED AS: INPATIENT ONLY
NTAFF ANNINTED NENVICEN:
NELF-CANE NENVICEN:
TNAINING NENVICEN:
TYPE OF OWNENSNIP: NONPNOFIT

NCFA NEOION: 06
DATE APPNOVED: 090177
NUMBER OF DIALYSIS STATIONS: 000
NENAL NETWONK: 11
CNOSS-NEFENENCE NO: 452337

OETAR HONP
606 E NAN ANTONIO NT
VICTONIA, TX 77N01
INTERMEDIANY NO: 00400
PNOVIOEN NO: 450147

APPNOVED AN: DIALYNIS CENTEN
NTAFF-ANSINTED NENVICIS: HEMODIALYSIS
NELF-CANE NENVICEN:
TNAINING NENVICEN: CAPD
TYPE OF OWNENSNIP: PNOFIT

NCFA NEOION: 06
DATE APPNOVED: 101977
NUMBER OF DIALYSIS STATIONS: 012
NENAL NETWONK: 11
CNOSS-NEFENENCE NO: 452338

NPOHN HOSP-NINAL CANE UNIT
600 ELIZANETH NT
CONPUN CHNISTI, TX 78404
INTERMEDIANY NO: 00400
PNOVIOIN NO: 450IAN

APPNOVED AS: DIALYSIS CENTEN
NTAFF-ANNINTED NENVICEN: HEMODIALYSIN
NELF-CANE NENVICES: HEMODIALYSIS
TNAINING SENVICEN: CAPD
TYPE OF OWNENSHIP: NONPNOFIT

NCFA NEOION: 06
DATE APPNOVED: 083177
NUMBER OF DIALYSIS STATIONS: 018
NENAL NETWONK: 11
CNOSS-NEFENENCE NO: 452315

51 JOSEPNS HONP INC
820 CLANKSVILLE ST P O BOK 70
PANIS, TX 764N0
INTERMEDIANY NO: 00400
PNOVIOEN NO: 450IN6

APPNOVED AN: DIALYSIN CENTEN
NTAFF-ANNINTED NENVICES: HIMODIALYNIS PENITONEAL
NILF-CANI NENVICES: HEMODIALYSIN
TNAINING NENVICEN: HEMODIALYNIS
TYPE OI OWNENSNIP: NONPNOIIT

NCFA NEOION: 06
DATE APPNOVED: 120977
NUMBER OF DIALYSIS STATIONS: 017
NENAL NETWONK: 11
CNOSS-NEFENENCE NO: 452339

NENDENSON KIDNEY OESEASI CIN
FNANK & FNANKLIN STS
LUFKIN, TX 75N0I
INTERMEDIANY NO: 00400
PNOVIOEN NO: 450211

APPNOVED AS: DIALYNIS CENTIN
NTAFF ASNINTIO SENVICES: HEMODIALYSIS
SELF-CANE SENVICES:
TNAINING SINVICIS: CAPD
TYPE OI OWNENSNIP: NOXPNOFIT

NCFA NEOION: 06
DATE APPNOVED: 111081
NUMBER OF DIALYSIS STATIONS: 012
NENAL NETWONK: 11
CNOSS-NEFENENCE NO: 45234S

MEDICAL CENTER NOSP-NENAL LAB
4602 MEDICAL OR
SAN ANTONIO, TX 78229
INTERMEDIARY NO: 00400
PROVIDER NO: 450213

APPNOVID AS: TNANSPLANT/DIALYSIS CENTEN
NTAFF-ASSINTIO SENVICES: HEMODIALYSIS
SELF-CARE SENVICEN:
TRAINING SENVICEN: CAPD
TYPE OF OWNERSHIP: NONPNOFIT

NCFA NEOION: 06
DATE APPNOVED: 083177
NUMBER OF DIALYSIS STATIONS: 011
NENAL NETWONK: 11
CNOSS-NEFENENCE NO: 452318

STATE=TEXAS CONTINUED

ST ANTHONYS HOSP T35 N POLK ST AMARILLO, TX 79175 INTERMEDIARY NO: 00400 PROVIDER NO: 450291	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 090178 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 11 CROSS-REFERENCE NO: 452340
SANTA ROSA MEDICAL CENTER 519 W. HOUSTON ST. SAN ANTONIO, TX 78207 INTERMEDIARY NO: 00400 PROVIDER NO: 450237	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 063177 NUMBER OF DIALYSIS STATIONS: 037 RENAL NETWORK: 11 CROSS-REFERENCE NO: 452319
BEN TAUB GENERAL HOSPITAL T25 GILLETTE-BOX 55759 HOUSTON, TX 77005 INTERMEDIARY NO: 00400 PROVIDER NO: 450289	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 11 CROSS-REFERENCE NO: 452322
WATSON W WISE MEDICAL CTR 1201 W WASHINGTON #200 DENISON, TX 75020 INTERMEDIARY NO: 00400 PROVIDER NO: 450324	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 011278 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 11 CROSS-REFERENCE NO: 452343
STEPHENVILLE GENERAL HOSPITAL INC 411 NORTH BELKNAP STEPHENVILLE, TX 76401 INTERMEDIARY NO: 00400 PROVIDER NO: 450351	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 030678 NUMBER OF DIALYSIS STATIONS: 003 RENAL NETWORK: 11 CROSS-REFERENCE NO: 452323
METHODIST HOSPITAL-ESRD 6515 BERTNER BLVD HOUSTON, TX 77025 INTERMEDIARY NO: 00400 PROVIDER NO: 450358	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 040 RENAL NETWORK: 11 CROSS-REFERENCE NO: 452324
ST JOHNS RENAL CARE CENTER 2015 PULLIAM ST BOX 1191 SAN ANGELO, TX 76901 INTERMEDIARY NO: 00400 PROVIDER NO: 450375	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 063177 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 11 CROSS-REFERENCE NO: 452325
METHODIST HOSP 3615 19TH ST BOX 1201 LUBBOCK, TX 79408 INTERMEDIARY NO: 00400 PROVIDER NO: 450457	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 063177 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 11 CROSS-REFERENCE NO: 452326
PRESBYTERIAN HOSP 5200 WALNUT HILL LANE DALLAS, TX 75231 INTERMEDIARY NO: 00400 PROVIDER NO: 450462	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 11 CROSS-REFERENCE NO: 452327

STATE-TEXAS CONTINUED

MATAGORDA GENERAL HOSP
1116 AVE D
BAY CITY, TX 77414
INTERMEDIARY NO: 00400
PROVIDER NO: 460486

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 06
DATE APPROVED: 083177
NUMBER OF DIALYSIS STATIONS: 009
RENAL NETWORK: 11
CROSS-REFERENCE NO: 462329

MADISON CO MEDICAL CENTER
100 W CONN ST NOK RR8
MADISONVILLE, TX 77864
INTERMEDIARY NO: 00400
PROVIDER NO: 460487

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 06
DATE APPROVED: 083177
NUMBER OF DIALYSIS STATIONS: 012
RENAL NETWORK: 11
CROSS-REFERENCE NO: 462330

MEMORIAL HOSPITAL
1204 BOUND ST
NACOGDOCHES, TX 75961
INTERMEDIARY NO: 00400
PROVIDER NO: 460808

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 06
DATE APPROVED: 083177
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 11
CROSS-REFERENCE NO: 462331

CHILDRENS MEDICAL CENTER
1986 AMELIA ST
DALLAS, TX 75235
INTERMEDIARY NO: 00400
PROVIDER NO: 450060

APPROVED AS: TRANSPLANT/DIALYSIS CENTER
STAFF ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 06
DATE APPROVED: 062786
NUMBER OF DIALYSIS STATIONS: 002
RENAL NETWORK: 11
CROSS-REFERENCE NO: 462344

TEXAS CHILDRENS HOSP (ERNO)
BOX 20269
HOUSTON, TX 77026
INTERMEDIARY NO: 00400
PROVIDER NO: 450018

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 06
DATE APPROVED: 083177
NUMBER OF DIALYSIS STATIONS: 004
RENAL NETWORK: 11
CROSS-REFERENCE NO: 462333

HUMANA HOSPITAL
8026 FLOYD CURL DR
SAN ANTONIO, TX 78229
INTERMEDIARY NO: 62280
PROVIDER NO: 450631

APPROVED AS: TRANSPLANT ONLY
STAFF ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 06
DATE APPROVED: 070284
NUMBER OF DIALYSIS STATIONS: 000
RENAL NETWORK: 11
CROSS-REFERENCE NO: 462346

LUBBOCK GENERAL HOSPITAL
602 INDIANA AVE BOX 6480
LUBBOCK, TX 79417
INTERMEDIARY NO: 00400
PROVIDER NO: 450080

APPROVED AS: TRANSPLANT ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 06
DATE APPROVED: 090178
NUMBER OF DIALYSIS STATIONS: 000
RENAL NETWORK: 11
CROSS-REFERENCE NO: 462341

GULF COAST DIALYSIS CENTER
4407 YOAKUM BLVD
HOUSTON, TX 77006
INTERMEDIARY NO: 00400
PROVIDER NO: 462600

APPROVED AS: DIALYSIS FACILITY
STAFF ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 06
DATE APPROVED: 083177
NUMBER OF DIALYSIS STATIONS: 049
RENAL NETWORK: 11
CROSS-REFERENCE NO:

SOUTHWESTERN DIALYSIS FACILITY
6010 FOREST PARK RD
DALLAS, TX 75236
INTERMEDIARY NO: 00400
PROVIDER NO: 462801

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 06
DATE APPROVED: 083177
NUMBER OF DIALYSIS STATIONS: 036
RENAL NETWORK: 11
CROSS-REFERENCE NO:

STATE-TEXAS CONTINUED

DIALYSIS ASSOCIATES 1408 ST LOUIS FORT WORTH, TX 76104 INTERMEDIARY NO: 00400 PROVIDER NO: 452502	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 040 RENAL NETWORK: 11 CROSS-REFERENCE NO:
AUSTIN DIAGNOSTIC CLINIC 801 W 34TH ST AUSTIN, TX 78705 INTERMEDIARY NO: 00400 PROVIDER NO: 452503	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 033 RENAL NETWORK: 11 CROSS-REFERENCE NO:
SCOTT & WHITE CLINIC 2401 S 31ST ST TEMPLE, TX 76501 INTERMEDIARY NO: 00400 PROVIDER NO: 452504	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 11 CROSS-REFERENCE NO:
DALLAS KIDNEY DISEASE CLINIC 3604 LIVE OAK DALLAS, TX 75204 INTERMEDIARY NO: 00400 PROVIDER NO: 452505	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 063 RENAL NETWORK: 11 CROSS-REFERENCE NO:
SOUTH PLAINS DIALYSIS CENTER 4110 22ND PLAZA LUBBOCK, TX 79410 INTERMEDIARY NO: 00400 PROVIDER NO: 452506	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 032 RENAL NETWORK: 11 CROSS-REFERENCE NO:
KIDNEY DISEASE CLINIC 7540 LOUIS PASTEUR SAN ANTONIO, TX 78229 INTERMEDIARY NO: 00400 PROVIDER NO: 452507	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 030 RENAL NETWORK: 11 CROSS-REFERENCE NO:
VALLEY HEMODIALYSIS CENTER INC. 1117 E DALLAS MCALLEN, TX 78501 INTERMEDIARY NO: 00400 PROVIDER NO: 452508	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 11 CROSS-REFERENCE NO:
DIAGNOSTIC CLINIC OF HOUSTON 5448 FANNIN HOUSTON, TX 77030 INTERMEDIARY NO: 00400 PROVIDER NO: 452509	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 11 CROSS-REFERENCE NO:
NORTH TEXAS DIALYSIS CENTER 1515 TENTH STREET WICHITA FALLS, TX 76301 INTERMEDIARY NO: 00400 PROVIDER NO: 452510	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 11 CROSS-REFERENCE NO:

STATE-TEXAS CONTINUED

ABILENE AREA DIALYSIS CENTER 1802 PINE STREET ABILENE, TX 79601 INTERMEDIARY NO: 00400 PROVIDER NO: 452811	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 11 CROSS-REFERENCE NO:
PERMIAN BASIN DIALYSIS CENTER 205 YOUNGER RD MIDLAND, TX 79701 INTERMEDIARY NO: 00400 PROVIDER NO: 452812	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 11 CROSS-REFERENCE NO:
AMARILLO HIGH PLAINS DIALYSIS CENTER 2020 AMARILLO BLVD WEST AMARILLO, TX 79106 INTERMEDIARY NO: 00400 PROVIDER NO: 4A2A16	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 11 CROSS-REFERENCE NO:
COASTAL BEND RENAL DIALYSIS FAC 2755 SWANTNER DRIVE CORPUS CHRISTI, TX 78404 INTERMEDIARY NO: 00400 PROVIDER NO: 452814	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 025 RENAL NETWORK: 11 CROSS-REFERENCE NO:
OAK CLIFF DIALYSIS CENTER 818-818 SOUTH HAMPTON DALLAS, TX 75208 INTERMEDIARY NO: 00400 PROVIDER NO: 4A2A18	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 11 CROSS-REFERENCE NO:
VALLEY HEMODIALYSIS CENTER INC 888 W. PRICE RD #8 BROWNSVILLE, TX 78520 INTERMEDIARY NO: 00400 PROVIDER NO: 452817	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 11 CROSS-REFERENCE NO:
LAREDO KIDNEY CENTER 1020 EAST CALTON(REAR) LAREDO, TX 78041 INTERMEDIARY NO: 00400 PROVIDER NO: 4A2A16	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 083177 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 11 CROSS-REFERENCE NO:
WEST HOUSTON DIALYSIS FACILITY 9523 LONG POINT ROAD HOUSTON, TX 77064 INTERMEDIARY NO: 00400 PROVIDER NO: 452815	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 017 RENAL NETWORK: 11 CROSS-REFERENCE NO:
ISLAND DIALYSIS CTR 707 TREMONT GALVESTON, TX 77550 INTERMEDIARY NO: 00400 PROVIDER NO: 4A2A20	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 092877 NUMBER OF DIALYSIS STATIONS: 017 RENAL NETWORK: 11 CROSS-REFERENCE NO:

STATE=TEXAS CONTINUED

ROSENBERG DIALYSIS FACILITY
3303 WEST RD
ROSENBERG, TX 77471
INTERMEDIARY NO: 00400
PROVIDER NO: 452542

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 06
DATE APPROVED: 060881
NUMBER OF DIALYSIS STATIONS: 013
RENAL NETWORK: 11
CROSS-REFERENCE NO:

SOUTHSIDE KIDNEY DISEASE CLINIC
1335 SW MILITARY DR
SAN ANTONIO, TX 78214
INTERMEDIARY NO: 00400
PROVIDER NO: 452544

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 06
DATE APPROVED: 072781
NUMBER OF DIALYSIS STATIONS: 020
RENAL NETWORK: 11
CROSS-REFERENCE NO:

KIDNEY DISEASE CLINIC OF SEQUIN
114 N CROCKETT ST
SEQUIN, TX 78155
INTERMEDIARY NO: 00400
PROVIDER NO: 452545

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 06
DATE APPROVED: 112081
NUMBER OF DIALYSIS STATIONS: 011
RENAL NETWORK: 11
CROSS-REFERENCE NO:

KERRVILLE KIDNEY DISEASE DIALYSIS CT
314 W WATER ST
KERRVILLE, TX 78028
INTERMEDIARY NO: 00400
PROVIDER NO: 452545

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 06
DATE APPROVED: 120181
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 11
CROSS-REFERENCE NO:

ANDLETON DANBURY DIALYSIS CLINIC
135 HOSPITAL DR
ANDLETON, TX 77515
INTERMEDIARY NO: 00400
PROVIDER NO: 452549

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 06
DATE APPROVED: 100182
NUMBER OF DIALYSIS STATIONS: 011
RENAL NETWORK: 11
CROSS-REFERENCE NO:

HEALTH SYSTEMS INTERNATIONAL OF BRYAN
1705 EAST 29TH ST
BRYAN, TX 77801
INTERMEDIARY NO: 00400
PROVIDER NO: 45255D

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 06
DATE APPROVED: 092782
NUMBER OF DIALYSIS STATIONS: 014
RENAL NETWORK: 11
CROSS-REFERENCE NO:

TEXARKANA REGIONAL DIALYSIS CTR
4500 TEXAS BLVD
TEXARKANA, TX 75503
INTERMEDIARY NO: 00400
PROVIDER NO: 452552

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 06
DATE APPROVED: 030183
NUMBER OF DIALYSIS STATIONS: 022
RENAL NETWORK: 11
CROSS-REFERENCE NO:

MEDICAL ARTS CLINIC ASSN.
P.O. BOX 841
CORSICANA, TX 75110
INTERMEDIARY NO: 00400
PROVIDER NO: 452553

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 05
DATE APPROVED: 040483
NUMBER OF DIALYSIS STATIONS: 012
RENAL NETWORK: 11
CROSS-REFERENCE NO:

ST JOSEPH DIALYSIS CTR
2424 HAMILTON SUITE 200
HOUSTON, TX 77004
INTERMEDIARY NO: 00400
PROVIDER NO: 452554

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 06
DATE APPROVED: 041183
NUMBER OF DIALYSIS STATIONS: 017
RENAL NETWORK: 11
CROSS-REFERENCE NO:

STATE-TEXAS CONTINUED

W. W. WISE MEMORIAL DIALYSIS CENTER 2200 HAINE DR HARLINGEN, TX 78660 INTERMEDIARY NO: 00400 PROVIDER NO: 452647	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 062879 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 11 CROSS-REFERENCE NO:
W. W. WISE REGIONAL DIALYSIS CENTER 818 EAST FINNI TYLER, TX 75701 INTERMEDIARY NO: 00400 PROVIDER NO: 452632	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 070979 NUMBER OF DIALYSIS STATIONS: 027 RENAL NETWORK: 11 CROSS-REFERENCE NO:
SOUTHEAST KIDNEY CENTER 4107 WINKLER DR, BLDG O HOUSTON, TX 77017 INTERMEDIARY NO: 00400 PROVIDER NO: 452833	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 060479 NUMBER OF DIALYSIS STATIONS: 015 RENAL NETWORK: 11 CROSS-REFERENCE NO:
MID CITIES DIALYSIS CENTER 622 AVE K EAST GRAND PRAIRIE, TX 75050 INTERMEDIARY NO: 00400 PROVIDER NO: 452834	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 052179 NUMBER OF DIALYSIS STATIONS: 013 RENAL NETWORK: 11 CROSS-REFERENCE NO:
GREENVILLE DIALYSIS CENTER 2008 MITCHELL ST GREENVILLE, TX 75401 INTERMEDIARY NO: 00400 PROVIDER NO: 452838	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 020480 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 11 CROSS-REFERENCE NO:
SOUTH TEXAS KIDNEY CENTER 859 N. HIGHWAY 281 N ALICE, TX 78332 INTERMEDIARY NO: 00400 PROVIDER NO: 452831	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 102980 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 11 CROSS-REFERENCE NO:
CYPRESS CREEK DIALYSIS FACILITY 9449 DROOANS MILL RD WOODLANDS, TX 77380 INTERMEDIARY NO: 00400 PROVIDER NO: 452838	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 112080 NUMBER OF DIALYSIS STATIONS: 015 RENAL NETWORK: 11 CROSS-REFERENCE NO:
KIDNEY DISEASE CLINIC OF UVALDE 1001 DARNER FIELD RD UVALDE, TX 78802 INTERMEDIARY NO: 00400 PROVIDER NO: 452840	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 011681 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 11 CROSS-REFERENCE NO:
EAGLE PASS KIDNEY DISEASE CLINIC P.O. BOX 2846 EAGLE PASS, TX 78852 INTERMEDIARY NO: 00400 PROVIDER NO: 452841	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 030181 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 11 CROSS-REFERENCE NO:

ROSENBERG DIALYSIS FACILITY 3303 WEST RD ROSENBERG, TX 77471 INTERMEDIARY NO: 04DD PROVIDER NO: 452642	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 060581 NUMBER OF DIALYSIS STATIONS: 013 RENAL NETWORK: 11 CROSS-REFERENCE NO:
SOUTHSIDE KIDNEY DISEASE CLINIC 1335 SW MILITARY DR SAN ANTONIO, TX 78214 INTERMEDIARY NO: 00400 PROVIDER NO: 452644	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 072781 NUMBER OF DIALYSIS STATIONS: 020 RENAL NETWORK: 11 CROSS-REFERENCE NO:
KIDNEY DISEASE CLINIC OF SEGUIN 114 N CROCKETT ST SEGUIN, TX 78155 INTERMEDIARY NO: 04DD PROVIDER NO: 452645	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 112081 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 11 CROSS-REFERENCE NO:
KERRVILLE KIDNEY DISEASE DIALYSIS CT 314 W WATER ST KERRVILLE, TX 78028 INTERMEDIARY NO: 00400 PROVIDER NO: 452646	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PRDFIT	HCFA REGION: 06 DATE APPROVED: 120181 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 11 CROSS-REFERENCE NO:
ANGLETON DANBURY DIALYSIS CLINIC 135 HOSPITAL DR ANGLETON, TX 77515 INTERMEDIARY NO: 00400 PROVIDER NO: 452649	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 100182 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 11 CROSS-REFERENCE NO:
HEALTH SYSTEMS INTERNATIONAL OF BRYAN 1705 EAST 29TH ST BRYAN, TX 77801 INTERMEDIARY NO: 00400 PROVIDER NO: 452650	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PRDFIT	HCFA REGION: 06 DATE APPROVED: 092782 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 11 CROSS-REFERENCE NO:
TEXARKANA REGIONAL DIALYSIS CTR 4800 TEXAS BLVD TEXARKANA, TX 75503 INTERMEDIARY NO: 00400 PROVIDER NO: 452652	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PRDFIT	HCFA REGION: 06 DATE APPROVED: 030183 NUMBER OF DIALYSIS STATIONS: 022 RENAL NETWORK: 11 CROSS-REFERENCE NO:
MEDICAL ARTS CLINIC ASSN. P.O. BOX 841 CORSICANA, TX 75110 INTERMEDIARY NO: 00400 PROVIDER NO: 452653	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 040483 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 11 CROSS-REFERENCE NO:
ST JOSEPH DIALYSIS CTR 2424 HAMILTON SUITE 200 HOUSTON, TX 77004 INTERMEDIARY NO: 004D0 PROVIDER NO: 452654	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 041183 NUMBER OF DIALYSIS STATIONS: 017 RENAL NETWORK: 11 CROSS-REFERENCE NO:

1985 NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

STATE=UTAH

UNIVERSITY OF UTAH MED CTR 50 N MEDICAL DR SALT LAKE CITY, UT 84132 INTERMEDIARY NO: 00410 PROVIDER NO: 460009	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 082877 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 06 CROSS-REFERENCE NO: 462300
LDS HOSPITAL TRANSPLANT CENTER 325 8TH AVE SALT LAKE CITY, UT 84143 INTERMEDIARY NO: 00410 PROVIDER NO: 450010	APPROVED AS: TRANSPLANT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 00 DATE APPROVED: 110483 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 06 CROSS-REFERENCE NO:
BRIDGERLAND DIALYSIS FAC/LOGAN HOSP 1400 NORTH 600 EAST LOGAN, UT 84321 INTERMEDIARY NO: 00410 PROVIDER NO: 460015	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 020201 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 06 CROSS-REFERENCE NO: 462307
VA HOSP 600 FOOTHILL DR SALT LAKE CITY, UT 84113 INTERMEDIARY NO: 00080 PROVIDER NO: 46002F	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 080877 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 06 CROSS-REFERENCE NO: 462301
DIALYSIS TRAINING CENTER BLDG 536-UNIV OF UTAH SALT LAKE CITY, UT 84112 INTERMEDIARY NO: 00410 PROVIDER NO: 462603	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 082477 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 06 CROSS-REFERENCE NO:
PROVO DIALYSIS CENTER 1034 NORTH 600 WEST PROVO, UT 84503 INTERMEDIARY NO: 00410 PROVIDER NO: 462604	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 032677 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 06 CROSS-REFERENCE NO:
UINTAH BASIN DIALYSIS CTR PO BOX 1063 ROOSEVELT, UT 84066 INTERMEDIARY NO: 00410 PROVIDER NO: 462606	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 08 DATE APPROVED: 050580 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 06 CROSS-REFERENCE NO:
MIDVALE DIALYSIS 7304 SOUTH 300 WEST SUITE 208 MIDVALE, UT 84047 INTERMEDIARY NO: 00410 PROVIDER NO: 462609	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 00 DATE APPROVED: 021202 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 06 CROSS-REFERENCE NO:
CASTLEVIEW DIALYSIS RFD 2 BOX 46 A6 PRICE, UT 84501 INTERMEDIARY NO: 00410 PROVIDER NO: 462610	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 021702 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 06 CROSS-REFERENCE NO:

STATE=TEXAS CONTINUED

CARTHAGE DIALYSIS CENTER 301 E MARINEE CARTHAGE, TX 75633 INTERMEDIARY NO: 00400 PROVIDER NO: 4A2668	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 080883 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 11 CROSS-REFERENCE NO:
VAL VERDE RENAL CARE CTR 801 SEDWELL AVE DEL RIO, TX 78840 INTERMEDIARY NO: 00400 PROVIDER NO: 462807	APPROVED AS: DIALYSIS FACILITY STAFF ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 040184 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 11 CROSS-REFERENCE NO:
BROWNWOOD RENAL CARE CENTER 1100A SOUTH PARK BROWNWOOD, TX 76801 INTERMEDIARY NO: 00400 PROVIDER NO: 4A28AR	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 031686 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 11 CROSS-REFERENCE NO:
FONDREN DIALYSIS CLINIC 6416 WEST BELLFORT #301 HOUSTON, TX 77081 INTERMEDIARY NO: 00400 PROVIDER NO: 4A2ARD	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 062186 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 11 CROSS-REFERENCE NO:
IRVING DIALYSIS CENTER 1226 N BELTLINE RD IRVING, TX 75061 INTERMEDIARY NO: 00400 PROVIDER NO: 4A2A01	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 031186 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 11 CROSS-REFERENCE NO:
KIDNEY CARE -FORT WORTH INC 1032 HANDY LANE FORT WORTH, TX 76112 INTERMEDIARY NO: 00400 PROVIDER NO: 452663	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 06 DATE APPROVED: 061786 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 11 CROSS-REFERENCE NO:
NORTHWEST DIALYSIS CENTER 10894 JONES RD HOUSTON, TX 77065 INTERMEDIARY NO: 00400 PROVIDER NO: 452AN4	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 090986 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 11 CROSS-REFERENCE NO:
NORTHEAST KIDNEY DISEASE CENTER 2991 NORTHEAST LOOP 410, #409 SAN ANTONIO, TX 78217 INTERMEDIARY NO: 00400 PROVIDER NO: 462668	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 06 DATE APPROVED: 070886 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 11 CROSS-REFERENCE NO:

STATE=UTAH CONTINUED

DIXIE DIALYSIS 644 SOUTH 400 EAST ST GEORGE, UT 84770 INTERMEDIARY NO: 00410 PROVIDER NO: 462611	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 061482 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 05 CROSS-REFERENCE NO:
GOODEVILLE DIALYSIS CENTER 857R R 800 EAST GOODER, UT 84408 INTERMEDIARY NO: 00410 PROVIDER NO: 462617	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 08 DATE APPROVED: 030984 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 05 CROSS-REFERENCE NO:
CENTRAL VALLEY KIDNEY CENTER 1488 EAST 8800 SOUTH SALT LAKE CITY, UT 84117 INTERMEDIARY NO: 00410 PROVIDER NO: 468801	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 111883 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 05 CROSS-REFERENCE NO:
UTAH DIALYSIS LABS 888 E SOUTH TEMPLE SALT LAKE CITY, UT 84102 INTERMEDIARY NO: 00410 PROVIDER NO: 468802	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 08 DATE APPROVED: 111883 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 05 CROSS-REFERENCE NO:

1986 NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

STATE=VIRGINIA

ADRFOLA GENERAL HOSP-ESRD 600 GRESHAM DR NORFOLK, VA 23507 INTERMEDIARY NO: 00423 PROVIDER NO: 490007	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 30 CROSS-REFERENCE NO: 492300
UNIVERSITY OF VIRGINIA HOSP UNIVERSITY STATION BOX 133 CHARLOTTESVILLE, VA 22903 INTERMEDIARY NO: 00423 PROVIDER NO: 490009	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 019 RENAL NETWORK: 30 CROSS-REFERENCE NO: 492301
ROANOKE MEMORIAL HOSP BOX 13367 BELLEVIEW AT JEFFERSON ROANOKE, VA 24033 INTERMEDIARY NO: 00424 PROVIDER NO: 490024	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 30 CROSS-REFERENCE NO: 492302
MEDICAL COLLEGE OF VA 1200 E BROAD ST RICHMOND, VA 23298 INTERMEDIARY NO: 00423 PROVIDER NO: 490032	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 30 CROSS-REFERENCE NO: 492303
MARY IMMACULATE HOSPITAL 800 DENBIGH BLVD NEWPORT NEWS, VA 23607 INTERMEDIARY NO: 00423 PROVIDER NO: 490041	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 30 CROSS-REFERENCE NO: 492304
RIVERSIDE HOSPITAL J CLYDE MORRIS BLVD NEWPORT NEWS, VA 23601 INTERMEDIARY NO: 00423 PROVIDER NO: 490052	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 30 CROSS-REFERENCE NO: 492306
FAIRFAX HOSPITAL 3300 GALLOWS RD FALLS CHURCH, VA 22046 INTERMEDIARY NO: 00080 PROVIDER NO: 490053	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 060679 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 23 CROSS-REFERENCE NO: 492312
PETERSBURG GENERAL HOSPITAL 601 S. ADAMS ST PETERSBURG, VA 23229 INTERMEDIARY NO: 00423 PROVIDER NO: 490067	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 30 CROSS-REFERENCE NO: 492307
RICHMOND MEMORIAL HOSP P.O. BOX 26703 RICHMOND, VA 23261 INTERMEDIARY NO: 00423 PROVIDER NO: 490069	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 025 RENAL NETWORK: 30 CROSS-REFERENCE NO: 492308

STATE-VIRGINIA CONTINUED

PORTSMOUTH GENERAL HOSP
660 CHAMBERS PKWY
PORTSMOUTH, VA 23704
INTERMEDIARY NO: 00423
PROVIDER NO: 490074

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 03
DATE APPROVED: 080177
NUMBER OF DIALYSIS STATIONS: 018
RENAL NETWORK: 30
CROSS-REFERENCE NO: 492309

HAMPTON GENERAL DIALYSIS CTR
3120 VICTORIA BLVD
HAMPTON, VA 23661
INTERMEDIARY NO: 00423
PROVIDER NO: 490088

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 03
DATE APPROVED: 090980
NUMBER OF DIALYSIS STATIONS: 009
RENAL NETWORK: 30
CROSS-REFERENCE NO:

MCGUIRE VA MEDICAL CENTER
1200 BROAD ROCK RD
RICHMOND, VA 23249
INTERMEDIARY NO: 00080
PROVIDER NO: 490107

APPROVED AS: TRANSPLANT/DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 03
DATE APPROVED: 080177
NUMBER OF DIALYSIS STATIONS: 019
RENAL NETWORK: 30
CROSS-REFERENCE NO: 492310

VETERAN'S MEDICAL CENTER
1970 ROANOKE BLVD
SALEM, VA 24153
INTERMEDIARY NO: 00080
PROVIDER NO: 490117

APPROVED AS: DIALYSIS CENTER
STAFF ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 03
DATE APPROVED: 080177
NUMBER OF DIALYSIS STATIONS: 006
RENAL NETWORK: 30
CROSS-REFERENCE NO: 492311

DANVILLE UROLOGIC CLINIC
1040 MAIN ST
DANVILLE, VA 24541
INTERMEDIARY NO: 00423
PROVIDER NO: 492001

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 03
DATE APPROVED: 080177
NUMBER OF DIALYSIS STATIONS: 020
RENAL NETWORK: 30
CROSS-REFERENCE NO:

TIDEWATER RENAL DIALYSIS CENTER
1028 W. 44TH ST
NORFOLK, VA 23508
INTERMEDIARY NO: 00423
PROVIDER NO: 492002

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 03
DATE APPROVED: 080177
NUMBER OF DIALYSIS STATIONS: 032
RENAL NETWORK: 30
CROSS-REFERENCE NO:

HENRICO DIALYSIS CTR
118 LIBBIE AVE
RICHMOND, VA 23226
INTERMEDIARY NO: 00423
PROVIDER NO: 492003

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 03
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 30
CROSS-REFERENCE NO:

BMA OF ARLINGTON
8316 ARLINGTON BLVD.
FAIRFAX, VA 22031
INTERMEDIARY NO: 00080
PROVIDER NO: 492004

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 03
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 024
RENAL NETWORK: 23
CROSS-REFERENCE NO:

NORTHERN VA DIALYSIS CTR
3249 DUKE ST SUITE 206
ALEXANDRIA, VA 22304
INTERMEDIARY NO: 00080
PROVIDER NO: 492005

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 03
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 020
RENAL NETWORK: 23
CROSS-REFERENCE NO:

STATE-VIRGINIA CONTINUED

COMMUNITY DIALYSIS SERVICES 1921 WESTMORELAND AVE. RICHMOND, VA 23230 INTERMEDIARY NO: 00423 PROVIDER NO: 492505	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 30 CROSS-REFERENCE NO:
HARRISONBURG DIALYSIS CENTER 847 CANTRELL AVE HARRISONBURG, VA 22801 INTERMEDIARY NO: 00423 PROVIDER NO: 492507	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 30 CROSS-REFERENCE NO:
FREDERICKSBURG DIALYSIS CENTER 311 WESTWOOD OFFICE PARK,RT 3 FREDERICKSBURG, VA 22401 INTERMEDIARY NO: 00423 PROVIDER NO: 492508	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 30 CROSS-REFERENCE NO:
LYNCHBURG DIALYSIS FACILITY 2018 TATE SPRINGS RD LYNCHBURG, VA 24501 INTERMEDIARY NO: 00423 PROVIDER NO: 492509	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 019 RENAL NETWORK: 30 CROSS-REFERENCE NO:
BMA OF SMYTH COUNTY INC 1154 SNIDER STREET MARION, VA 24354 INTERMEDIARY NO: 00424 PROVIDER NO: 492510	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 30 CROSS-REFERENCE NO:
BMA OF ROANOKE INC 4330 BRAMBLETON AVENUE ROANOKE, VA 24018 INTERMEDIARY NO: 00424 PROVIDER NO: 492513	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 092677 NUMBER OF DIALYSIS STATIONS: 016 RENAL NETWORK: 30 CROSS-REFERENCE NO:
GLOUCESTER DIALYSIS CTR INC PDB 739 RTE 17 GLOUCESTER, VA 23061 INTERMEDIARY NO: 00423 PROVIDER NO: 492514	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 071677 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 30 CROSS-REFERENCE NO:
BMA OF NORTHERN VA 1701 N GEORGE MASON DR ARLINGTON, VA 22205 INTERMEDIARY NO: 00080 PROVIDER NO: 492515	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 010177 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 23 CROSS-REFERENCE NO:
SOUTH BOSTON DIALYSIS FACILITY 2212 HALIFAX RD SO BOSTON, VA 24592 INTERMEDIARY NO: 00423 PROVIDER NO: 492518	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 072379 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 30 CROSS-REFERENCE NO:

STATE-VIRGINIA CONTINUED

VIRGINIA BEACH DIALYSIS CENTER
1127 FIRST COLONIAL RD.
VIRGINIA BEACH, VA 23454
INTERMEDIARY NO: 00425
PROVIDER NO: 492017
APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT
HCFA REGION: 03
DATE APPROVED: 082079
NUMBER OF DIALYSIS STATIONS: 013
RENAL NETWORK: 3D
CROSS-REFERENCE NO:

RICHARDSON MEMORIAL DIALYSIS CTR
505 WEAVER AVE
EMPORIA, VA 23847
INTERMEDIARY NO: 00425
PROVIDER NO: 492010
APPROVED AS: DIALYSIS FACILITY
STAFF ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: PROFIT
HCFA REGION: 03
DATE APPROVED: 101679
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 5D
CROSS-REFERENCE NO:

ROCKWOOD DIALYSIS CTR
2808 POCOSHOCK PLACE
RICHMOND, VA 23235
INTERMEDIARY NO: 00425
PROVIDER NO: 492018
APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: PROFIT
HCFA REGION: 03
DATE APPROVED: 042180
NUMBER OF DIALYSIS STATIONS: 016
RENAL NETWORK: 3D
CROSS-REFERENCE NO:

WOODBRIDGE-MANASSAS DIALYSIS FACILITY
2010 D. OPITZ BLVD.
WOODBRIDGE, VA 22191
INTERMEDIARY NO: 00000
PROVIDER NO: 492021
APPROVED AS: DIALYSIS FACILITY
STAFF ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: PROFIT
HCFA REGION: 03
DATE APPROVED: 060580
NUMBER OF DIALYSIS STATIONS: 014
RENAL NETWORK: 2B
CROSS-REFERENCE NO:

ALLEGHANY DIALYSIS FACILITY
ROUTE 2 VALLEY RIDGE ROAD
COVINGTON, VA 24426
INTERMEDIARY NO: 00425
PROVIDER NO: 492022
APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT
HCFA REGION: 03
DATE APPROVED: 072580
NUMBER OF DIALYSIS STATIONS: 006
RENAL NETWORK: 3D
CROSS-REFERENCE NO:

WINCHESTER DIALYSIS CENTER
911 S LOUDOUN ST
WINCHESTER, VA 22601
INTERMEDIARY NO: 00425
PROVIDER NO: 492023
APPROVED AS: DIALYSIS FACILITY
STAFF ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: PROFIT
HCFA REGION: 03
DATE APPROVED: 072380
NUMBER OF DIALYSIS STATIONS: 011
RENAL NETWORK: 5D
CROSS-REFERENCE NO:

ARTIFICIAL KIDNEY CTR-EASTERN SHORE
P.O. BOX 722
SASSAWADOX, VA 23413
INTERMEDIARY NO: 00425
PROVIDER NO: 492024
APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
TYPE OF OWNERSHIP: PROFIT
HCFA REGION: 03
DATE APPROVED: 071180
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 5D
CROSS-REFERENCE NO:

WARRENTON DIALYSIS FACILITY INC
370 WATERLOO RD
WARRENTON, VA 22186
INTERMEDIARY NO: 00425
PROVIDER NO: 492025
APPROVED AS: DIALYSIS FACILITY
STAFF ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT
HCFA REGION: 03
DATE APPROVED: 082480
NUMBER OF DIALYSIS STATIONS: 009
RENAL NETWORK: 5D
CROSS-REFERENCE NO:

FARMVILLE DIALYSIS FACILITY
800 BUFFALO ST
FARMVILLE, VA 23901
INTERMEDIARY NO: 00425
PROVIDER NO: 492026
APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
TYPE OF OWNERSHIP: PROFIT
HCFA REGION: 03
DATE APPROVED: 090580
NUMBER OF DIALYSIS STATIONS: 006
RENAL NETWORK: 3D
CROSS-REFERENCE NO:

STATE=VIRGINIA CONTINUED

MARTINSVILLE DIALYSIS FACILITY COMMONWEALTH BOULEVARD MARTINSVILLE, VA 24112 INTERMEDIARY NO: 00423 PROVIDER NO: 49262T	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 011182 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 30 CROSS-REFERENCE NO:
AUGUSTA DIALYSIS CENTER 3 IDLEWOOD BLVD STAUNTON, VA 24401 INTERMEDIARY NO: 00423 PROVIDER NO: 492628	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 081982 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 30 CROSS-REFERENCE NO:
TWIN COUNTY DIALYSIS CENTER 607 GLENDALE ROAD GALAX, VA 24333 INTERMEDIARY NO: 00424 PROVIDER NO: 492629	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 101382 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 30 CROSS-REFERENCE NO:
ARTIFICIAL KIDNEY CENTER OF SUFFOLK 1900 N MAIN ST-PO BOX 700 SUFFOLK, VA 23434 INTERMEDIARY NO: 00423 PROVIDER NO: 492630	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 011983 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 30 CROSS-REFERENCE NO:
SOUTHWEST VA DIALYSIS FACILITY P.O. BOX 1335 GRUNDY, VA 24656 INTERMEDIARY NO: 00423 PROVIDER NO: 492631	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 022183 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 30 CROSS-REFERENCE NO:
BMA OF NEW RIVER VALLEY INC 1217 DROVE AVE RADFORD, VA 24141 INTERMEDIARY NO: 00424 PROVIDER NO: 492632	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 052683 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 30 CROSS-REFERENCE NO:
MOUNTAIN EMPIRE DIALYSIS CENTER MT 3,CLOVERLEAF SQUARE A-1 610 STONE GAP, VA 24219 INTERMEDIARY NO: 00424 PROVIDER NO: 492633	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 012584 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 30 CROSS-REFERENCE NO:
EAST END DIALYSIS CENTER 2025 EAST MAIN ST RICHMOND, VA 23223 INTERMEDIARY NO: 00423 PROVIDER NO: 492634	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 061886 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 30 CROSS-REFERENCE NO:
FAIRFAX DIALYSIS CAPD CENTER INC 8350 A TRAFORD LANE SPRINGFIELD, VA 22150 INTERMEDIARY NO: 00080 PROVIDER NO: 492635	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 111386 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 23 CROSS-REFERENCE NO:

STATE-VIRGINIA CONTINUED

LEIGH DIALYSIS CENTER ONO KEMPSVILLE RD NORFOLK, VA 23502 INTERMEDIARY NO: 00428 PROVIDER NO: 49RA00	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 50 CROSS-REFERENCE NO:

STATE=VIRGIN ISLANDS

ST THOMAS HOSPITAL HOSPITAL LINE ST THOMAS, VI 00801 INTERMEDIARY NO: 57400 PROVIDER NO: 480001	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 120182 NUMBER OF DIALYSIS STATIONS: 003 RENAL NETWORK: 29 CROSS-REFERENCE NO: 402300
CHARLES HARWOOD MEM HOSP ESTATE ORANGE GROVE CHRISTIANSTEAD, VI 00820 INTERMEDIARY NO: 57400 PROVIDER NO: 480002	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 02 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 003 RENAL NETWORK: 29 CROSS-REFERENCE NO: 402301

STATE=VERMONT

MEDICAL CENTER HOSPITAL OF VERMONT
COLCHESTER AVE
BURLINGTON, VT 05401
INTERMEDIARY NO: 00370
PROVIDER NO: 470008

APPROVED AS: TRANSPLANT/DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 01
DATE APPROVED: 083177
NUMBER OF DIALYSIS STATIONS: 014
RENAL NETWORK: 26
CROSS-REFERENCE NO: 472300

STATE=WASHINGTON

1988 NATIONAL LISTING OF PROVIDERS FURNISHING KIDNEY DIALYSIS AND TRANSPLANT SERVICES

VIRGINIA MASON HOSPITAL 925 SENECA STREET SEATTLE, WA 98101 INTERMEDIARY NO: 00430 PROVIDER NO: 500005	APPROVED AS: TRANSPLANT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 10 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 02 CROSS-REFERENCE NO: 502500
UNIVERSITY HOSPITAL 1959 NE PACIFIC ST,RF-25 SEATTLE, WA 98195 INTERMEDIARY NO: 00430 PROVIDER NO: 500008	APPROVED AS: TRANSPLANT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 10 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 02 CROSS-REFERENCE NO: 502301
ST ELIZABETH MEDICAL CTR 110 SOUTH 9TH AVE YAKIMA, WA 98902 INTERMEDIARY NO: 00430 PROVIDER NO: 500012	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 10 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 02 CROSS-REFERENCE NO: 502302
CENTRAL WASHINGTON HOSPITAL NOSEWOOD AT RED APPLE RD WENATCHEE, WA 98801 INTERMEDIARY NO: 00430 PROVIDER NO: 500015	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 10 DATE APPROVED: 080177 NUMBER OF DIALYSIS STATIONS: 002 RENAL NETWORK: 02 CROSS-REFERENCE NO: 502303
SWEDISH HOSPITAL MEDICAL CENTER 747 SUMMIT AVENUE SEATTLE, WA 98104 INTERMEDIARY NO: 51500 PROVIDER NO: 500027	APPROVED AS: TRANSPLANT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 10 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 02 CROSS-REFERENCE NO: 502304
SACRED HEART MEDICAL CENTER W 101 8TH AVE SPOKANE, WA 99220 INTERMEDIARY NO: 00430 PROVIDER NO: 500054	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 10 DATE APPROVED: 101601 NUMBER OF DIALYSIS STATIONS: 010 RENAL NETWORK: 02 CROSS-REFERENCE NO: 502305
CHILDRENS ORTHOPEDIC HOSP 4800 SAND POINT WAY NE SEATTLE, WA 98105 INTERMEDIARY NO: 00430 PROVIDER NO: 500103	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 10 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 002 RENAL NETWORK: 02 CROSS-REFERENCE NO: 502306
ST JOSEPH HOSPITAL 1718 SOUTH 'I' STREET TACOMA, WA 98405 INTERMEDIARY NO: 00430 PROVIDER NO: 500108	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 10 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 012 RENAL NETWORK: 02 CROSS-REFERENCE NO: 502307
NORTHWEST KIDNEY CENTER 700 BROADWAY SEATTLE, WA 98122 INTERMEDIARY NO: 00430 PROVIDER NO: 502500	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 10 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 042 RENAL NETWORK: 02 CROSS-REFERENCE NO:

STATE-WASHINGTON CONTINUED

MOUNT BAKER KIDNEY CENTER
3201 ILLIN ST
BELLINGHAM, WA 98226
  INTERMEDIARY NO: 00400
  PROVIDER NO: 502A01

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 10
DATE APPROVED: 071480
NUMBER OF DIALYSIS STATIONS: 004
RENAL NETWORK: 02
CROSS-REFERENCE NO:

OLYMPIC PENINSULA KIDNEY CENTER
2801 CHERRY AVE.
BREMERTON, WA 98310
  INTERMEDIARY NO: 00490
  PROVIDER NO: 502502

APPROVED AS: DIALYSIS FACILITY
STAFF ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 10
DATE APPROVED: 101680
NUMBER OF DIALYSIS STATIONS: 005
RENAL NETWORK: 02
CROSS-REFERENCE NO:

PUGET SOUND KIDNEY CTR
9226 NASSAU
EVERETT, WA 98201
  INTERMEDIARY NO: 00400
  PROVIDER NO: 502A0A

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 10
DATE APPROVED: 041581
NUMBER OF DIALYSIS STATIONS: 009
RENAL NETWORK: 02
CROSS-REFERENCE NO:

MID COLUMBIA KIDNEY CENTER
N4N A NIVINN AVE
RICHLAND, WA 99352
  INTERMEDIARY NO: 00400
  PROVIDER NO: 502504

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 10
DATE APPROVED: 032581
NUMBER OF DIALYSIS STATIONS: 002
RENAL NETWORK: 02
CROSS-REFERENCE NO:

LAKE WASHINGTON KIDNEY CTR
1231 116TH AVE NE,SUITE 204
BELLEVUE, WA 98004
  INTERMEDIARY NO: 00450
  PROVIDER NO: 502A0A

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 10
DATE APPROVED: 063181
NUMBER OF DIALYSIS STATIONS: 007
RENAL NETWORK: 02
CROSS-REFERENCE NO:

COACH HOUSE DIALYSIS
4707 24TH AVE NE,NM 224
SEATTLE, WA 98105
  INTERMEDIARY NO: 00400
  PROVIDER NO: 502A07

APPROVED AS: DIALYSIS FACILITY
STAFF ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 10
DATE APPROVED: 080183
NUMBER OF DIALYSIS STATIONS: 004
RENAL NETWORK: 02
CROSS-REFERENCE NO:

FT VANCOUVER KIDNEY CTR
606 NE 87TH AVE
VANCOUVER, WA 98664
  INTERMEDIARY NO: 00440
  PROVIDER NO: 503A01

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 10
DATE APPROVED: 080183
NUMBER OF DIALYSIS STATIONS: 008
RENAL NETWORK: 02
CROSS-REFERENCE NO:

ST MICHAEL'S HOSP 900 ILLINOIS AVE STEVENS POINT, WI 54481 INTERMEDIARY NO: 00450 PROVIDER NO: 520002	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 008 RENAL NETWORK: 13 CROSS-REFERENCE NO: 522300
LAKEVIEW MEDICAL CENTER 1100 NORTH MAIN ST RICE LAKE, WI 54868 INTERMEDIARY NO: 00450 PROVIDER NO: 520011	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 030178 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 13 CROSS-REFERENCE NO: 522020
GOOD SAMARITAN MEDICAL CENTER 2000 WEST KILBOURN AVE MILWAUKEE, WI 53233 INTERMEDIARY NO: 00450 PROVIDER NO: 520020	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 010180 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 13 CROSS-REFERENCE NO: 522309
WAUPUN MEMORIAL HOSPITAL 620 W BROWN ST WAUPUN, WI 53403 INTERMEDIARY NO: 00450 PROVIDER NO: 520025	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 13 CROSS-REFERENCE NO: 522301
ST JOSEPHS HOSPITAL 611 ST JOSEPH AVENUE MARSHFIELD, WI 54449 INTERMEDIARY NO: 00450 PROVIDER NO: 520037	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSID STATIONS: 009 RENAL NETWORK: 13 CROSS-REFERENCE NO: 522302
ST MICHAEL HOSPITAL 2400 WEST VILLARD AVENUE MILWAUKEE, WI 53209 INTERMEDIARY NO: 00450 PROVIDER NO: 520040	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSID STATIONS: 009 RENAL NETWORK: 13 CROSS-REFERENCE NO: 522304
METHODIST HOSPITAL 309 WEST WASHINGTON AVENUE MADISON, WI 53713 INTERMEDIARY NO: 00450 PROVIDER NO: 520043	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSID STATIONS: 010 RENAL NETWORK: 13 CROSS-REFERENCE NO: 522305
ST NICHOLAS HOSP 1501 N TAYLOR DR SHEBOYGAN, WI 53081 INTERMEDIARY NO: 00450 PROVIDER NO: 520044	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 031082 NUMBER OF DIALYSIS STATIONS: 003 RENAL NETWORK: 13 CROSS-REFERENCE NO:
THEDA CLARK MEM HOSP 130 2ND ST NEENAH, WI 54956 INTERMEDIARY NO: 00450 PROVIDER NO: 520045	APPROVED AS: INPATIENT ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 000 RENAL NETWORK: 13 CROSS-REFERENCE NO: 522306

STATE-WISCONSIN CONTINUED

ST MARYS HOSPITAL 2323 N LAKE DR (P.O. BOX 503) MILWAUKEE, WI 53201 INTERMEDIARY NO: 00450 PROVIDER NO: 520051	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 006 RENAL NETWORK: 13 CROSS-REFERENCE NO: 5223D7
MT SINAI MEDICAL CENTER 950 NORTH ST (P.O. BOX 342) MILWAUKEE, WI 53233 INTERMEDIARY NO: 00450 PROVIDER NO: 520054	APPROVED AS: DIALYSIS FACILITY-HOSP STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 13 CROSS-REFERENCE NO: 5223D8
ST CATHERINES HOSPITAL 3555 SEVENTH AVE KENOSHA, WI 53140 INTERMEDIARY NO: 00450 PROVIDER NO: 520059	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 13 CROSS-REFERENCE NO: 522310
LUTHER HOSPITAL 1221 WHIPPLE ST EAU CLAIRE, WI 54701 INTERMEDIARY NO: 00450 PROVIDER NO: 520070	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 13 CROSS-REFERENCE NO: 522311
ST VINCENT HOSPITAL 835 S VAN BUREN (P.O. BOX 13508) GREEN BAY, WI 54307 INTERMEDIARY NO: 00450 PROVIDER NO: 520075	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 014 RENAL NETWORK: 13 CROSS-REFERENCE NO: 522312
LACROSSE LUTHERAN HOSPITAL 1910 SOUTH AVENUE LACROSSE, WI 54601 INTERMEDIARY NO: 00450 PROVIDER NO: 520087	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: HEMODIALYSIS PERITONEAL TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 011 RENAL NETWORK: 13 CROSS-REFERENCE NO: 522313
HOWARD YOUNG MEDICAL CTR 240 MAPLE ST WOODRUFF, WI 54568 INTERMEDIARY NO: 00450 PROVIDER NO: 520091	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 005 RENAL NETWORK: 13 CROSS-REFERENCE NO: 522314
ST LUKES HOSPITAL 1320 WISCONSIN AVENUE RACINE, WI 53403 INTERMEDIARY NO: 00450 PROVIDER NO: 520094	APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 013 RENAL NETWORK: 13 CROSS-REFERENCE NO: 522315
UNIV OF WISCONSIN HOSP & CLINICS 600 HIGHLAND AVE MADISON, WI 53792 INTERMEDIARY NO: 00450 PROVIDER NO: 520098	APPROVED AS: TRANSPLANT/DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 05 DATE APPROVED: 090177 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 13 CROSS-REFERENCE NO: 522315

MARINETTE OENERAL HOSPITAL 3100 SHORE DRIVE MARINETTE, WI 54143 INTERMEOIARY NO: 00450 PROVIDER NO: 520113	APPROVEO AS: OIALYSIS FACILITY-HOSP STAFF-ASSISTEO SERVICES: HEMOOIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPO TYPE OF OWNERSHIP: NONPROFIT	HCFA REOION: 05 OATE APPROVEO: 090177 NUMBER OF OIALYSIS STATIONS: 002 RENAL NETWORK: 13 CROSS-REFERENCE NO: 522317
ST LUKES HOSPITAL 2900 WEST OKLAHOMA AVENUE MILWAUKEE, WI 53215 INTERMEOIARY NO: 00450 PROVIDER NO: 520138	APPROVEO AS: OIALYSIS CENTER STAFF-ASSISTEO SERVICES: HEMOOIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: CAPO TYPE OF OWNERSHIP: NONPROFIT	HCFA REOION: 05 OATE APPROVEO: 090177 NUMBER OF OIALYSIS STATIONS: 010 RENAL NETWORK: 13 CROSS-REFERENCE NO: 522318
FROEOTERT MEMORIAL LUTHERAN HOSP 9200 W WISCONSIN AVE MILWAUKEE, WI 53225 INTERMEOIARY NO: 00450 PROVIDER NO: 520177	APPROVEO AS: TRANSPLANT/OIALYSIS CENTER STAFF-ASSISTEO SERVICES: HEMOOIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: CAPO TYPE OF OWNERSHIP: NONPROFIT	HCFA REOION: 05 OATE APPROVEO: 043081 NUMBER OF OIALYSIS STATIONS: 009 RENAL NETWORK: 13 CROSS-REFERENCE NO:
FOX VALLEY REOIONAL OIALYSIS CENTER 216 N. COMMERCIAL STREET NEENAH, WI 54955 INTERMEOIARY NO: 00450 PROVIDER NO: 522500	APPROVEO AS: OIALYSIS FACILITY STAFF-ASSISTEO SERVICES: HEMOOIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMOOIALYSIS CAPO TYPE OF OWNERSHIP: PROFIT	HCFA REOION: 05 OATE APPROVEO: 090177 NUMBER OF OIALYSIS STATIONS: 017 RENAL NETWORK: 13 CROSS-REFERENCE NO:
GREEN BAY KIONEY OIALYSIS CTR 1910 RIVERSIOE OR OREEN BAY, WI 54301 INTERMEOIARY NO: 00450 PROVIOER NO: 522501	APPROVEO AS: OIALYSIS FACILITY STAFF-ASSISTEO SERVICES: HEMOOIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMOOIALYSIS PERITONEAL CAPO TYPE OF OWNERSHIP: PROFIT	HCFA REOION: 05 OATE APPROVEO: 100285 NUMBER OF OIALYSIS STATIONS: 011 RENAL NETWORK: 13 CROSS-REFERENCE NO:

STATE-WEST VIRGINIA

WEST VIRGINIA UNIVERSITY HOSP
P.O. BOX H401
MORGANTOWN, WV 26506
INTERMEDIARY NO: 00441
PROVIDER NO: 510001

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 03
DATE APPROVED: 012580
NUMBER OF DIALYSIS STATIONS: 013
RENAL NETWORK: 30
CROSS-REFERENCE RO: 512500

UNITED HOSPITAL CENTER DIALYSIS UNIT
HOSPITAL PLAZA RD
CLARKSBURG, WV 26301
INTERMEDIARY NO: 00441
PROVIDER NO: 510006

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 03
DATE APPROVED: 100785
NUMBER OF DIALYSIS STATIONS: 004
RENAL NETWORK: 30
CROSS-REFERENCE RO:

ST JOSEPHS HOSP
18TH & MURDOCH AVE
PARKERSBURG, WV 26101
INTERMEDIARY NO: 00441
PROVIDER NO: 510008

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 03
DATE APPROVED: 052580
NUMBER OF DIALYSIS STATIONS: 008
RENAL NETWORK: 30
CROSS-REFERENCE RO: 512303

MAR APPALACHIAN REGIONAL HOSP
700 E MCDONALD AVE
MAR, WV 25636
INTERMEDIARY NO: 00441
PROVIDER NO: 510008

APPROVED AS: DIALYSIS FACILITY-HOSP
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 03
DATE APPROVED: 060177
NUMBER OF DIALYSIS STATIONS: 005
RENAL NETWORK: 30
CROSS-REFERENCE RO: 512304

WHEELING DIALYSIS CENTER
MEDICAL PARK
WHEELING, WV 26003
INTERMEDIARY NO: 00441
PROVIDER NO: 510080

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 03
DATE APPROVED: 010184
NUMBER OF DIALYSIS STATIONS: 015
RENAL NETWORK: 30
CROSS-REFERENCE RO: 512305

CADELL-HUNTINGTON HOSP
1340 HAL GREER BLVD
HUNTINGTON, WV 25701
INTERMEDIARY NO: 00441
PROVIDER NO: 510088

APPROVED AS: DIALYSIS CENTER
STAFF ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 03
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 019
RENAL NETWORK: 30
CROSS-REFERENCE RO: 512305

SOUTHERN WEST VA REGIONAL HEALTH CO
RT 2 BOX 862
BLUEFIELD, WV 24701
INTERMEDIARY NO: 00428
PROVIDER NO: 512801

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
TYPE OF OWNERSHIP: NONPROFIT

HCFA REGION: 03
DATE APPROVED: 090177
NUMBER OF DIALYSIS STATIONS: 010
RENAL NETWORK: 30
CROSS-REFERENCE RO:

MARTINSBURG DIALYSIS FACILITY
508 ROCKCLIFF DR
MARTINSBURG, WV 25401
INTERMEDIARY NO: 52280
PROVIDER NO: 512502

APPROVED AS: DIALYSIS FACILITY
STAFF ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 03
DATE APPROVED: 021979
NUMBER OF DIALYSIS STATIONS: 008
RENAL NETWORK: 30
CROSS-REFERENCE NO:

WEST VIRGINIA DIALYSIS FACILITIES INC
PO BOX 3357
CHARLESTON, WV 25333
INTERMEDIARY NO: 00441
PROVIDER NO: 512803

APPROVED AS: DIALYSIS FACILITY
STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD
TYPE OF OWNERSHIP: PROFIT

HCFA REGION: 03
DATE APPROVED: 051280
NUMBER OF DIALYSIS STATIONS: 017
RENAL NETWORK: 30
CROSS-REFERENCE RO:

STATE=WEST VIRGINIA CONTINUED

RALEIGH DIALYSIS FACILITY INC 421 CARRIAGE RD BECKLEY, WV 25801 INTERMEDIARY NO: 00441 PROVIDER NO: 512506	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 080184 NUMBER OF DIALYSIS STATIONS: 009 RENAL NETWORK: 30 CROSS-REFERENCE NO:
WEST VA HEALTH CARE COOPERATIVE INC P.O. BOX 4414 STAR CITY, WV 26504 INTERMEDIARY NO: 00441 PROVIDER NO: 512506	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS PERITONEAL CAPD TYPE OF OWNERSHIP: NONPROFIT	HCFA REGION: 03 DATE APPROVED: 070186 NUMBER OF DIALYSIS STATIONS: 013 RENAL NETWORK: 30 CROSS-REFERENCE NO:
WELCH DIALYSIS CENTER 90 STEWART ST WELCH, WV 24801 INTERMEDIARY NO: 00441 PROVIDER NO: 512507	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 03 DATE APPROVED: 080886 NUMBER OF DIALYSIS STATIONS: 004 RENAL NETWORK: 30 CROSS-REFERENCE NO:

STATE-WYOMING

SOUTHEASTERN WYOMING DIALYSIS CTR 1111 LOGAN AVE CHEYENNE, WY 82001 INTERMEDIARY NO: 00480 PROVIDER NO: 852001	APPROVED AS: DIALYSIS FACILITY STAFF-ASSISTED SERVICES: HEMODIALYSIS PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: PERITONEAL CAPD TYPE OF OWNERSHIP: PROFIT	HCFA REGION: 08 DATE APPROVED: 012378 NUMBER OF DIALYSIS STATIONS: 007 RENAL NETWORK: 06 CROSS-REFERENCE RD:

*U.S. GOVERNMENT PRINTING OFFICE: 1986 0-491-263/53401

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Health Care Financing Administration
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HCFA Pub. No. 03218 January 1996